

CREDIT/DEBIT CARD AUTHORIZATION FORM

Georgepromise.com

1247 West Sepulveda Blvd.

Torrance, CA 90502

Phone: 1-888-249-3576 Fax: 1-888-249-3468

Name on Card: _____

Customer Name if different from name on card: _____

Bank Name on Card: _____

Credit Card Billing Address: _____

City _____ State: _____ Zip: _____

Must be the address where you receive statements or address used when purchased card.

Type of Card: (checkone) MasterCard: _____ Visa: _____ American Express: _____

Card No: _____ Credit _____ Debit _____ (Check one)

Expiration Date: _____

Card Security Code _____

Transaction Amount: \$ _____ Trans. Date: _____

I (print name) _____, authorize GeorgePromise to charge my credit /debit card on the date indicated above & future dates as follows: (if applicable)

2nd payment date: _____ Amt. \$ _____

3rd payment date: _____ Amt: \$ _____

4th payment date: _____ Amt: \$ _____

5th payment date: _____ Amt: \$ _____

Signed: _____ Date: _____

Contact Tel. No.: _____

E-Mail address: _____