



Credit Card Authorization Form

PLEASE SELECT YOUR METHOD OF PAYMENT:

Credit Card Payment

Check One: VISA MasterCard Discover

Credit Card Number

Expiration Date (Month/Year)

CVV code (3 digits code on back)

Name on Card

Address on Card

City State Zip Code

I hereby authorize JCAP PRIVATE LENDING to charge my credit card in the amount of \$ _____

Cardholder's Signature

Date: _____

Telephone: _____

For Office Use Only:

Client Name: _____ Account Name/No.: _____

Invoice No.: _____

Loan Documents

Appraisal

Property Address: _____

Comments: