



# First Guaranty<sup>TM</sup>

FINANCIAL CORPORATION

## Credit Card Authorization Agreement

<b>Credit Card Type:</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<b>Credit Card Number:</b>		
<b>Expiration Date:</b>		<b>Security Code:</b>
<b>Company Name:</b>		
<b>Card Holder Name:</b>		
<b>Billing Address:</b>		
<b>City/State/Zip:</b>		
<b>Phone:</b>		
<b>Fax:</b>		
<b>Amount Charged:</b>		
<b>Borrower's Name:</b>		
<b>Address to be Appraised:</b>		

By submitting the completed form, you authorize FGFC to automatically debit your credit card.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# Fax (714) 850-9328

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