



6830 VIA DEL ORO STE 220 SAN JOSE, CA 95119-1353
 PHONE 408 360-0180 FAX 408 360-0191
 WWW.SWCSI.COM

**CREDIT CARD
 AUTHORIZATION FORM**

Fax To: **LoanPros- 408 262-6644** DATE: _____
 FROM: _____
 ACCT # _____ Company _____
 RE: _____ Report # _____

CREDIT CARD HOLDER'S NAME <i>(PRINT PLEASE)</i>	
CREDIT CARD BILLING ADDRESS	
CITY	
STATE/ZIP	
AMOUNT	\$21.50 plus \$8.00 re-issue fee per borrower if necessary
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <p style="text-align: center;"><u>CREDIT CARD NUMBER</u></p> <p style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </p> <p style="text-align: center;"><u>EXPIRATION DATE</u> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p>	
SIGNATURE	
DATE	

All blanks must be completed before we can process the credit card charge.

I/We are applying for a real estate loan and in connection with this transaction, Southwest Credit Services, Inc. is processing a credit report. I/We authorize you to release to Southwest Credit Services, Inc. any and all information pertaining to my/our account. A copy of this authorization may be accepted as the original.

The information Southwest Credit Services, Inc. obtains is only to be used in the processing of this transaction.

 Applicant Date

 Applicant Date