

Credit Card Authorization

Please fill in the information and sign below.

Print Name _____

Phone Number: _____

Email: _____

Credit Card Type (Check One): MasterCard Visa Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Security Code: _____

Expiration Date: ____ / ____

Credit Card Holder's Name (print): _____
(Exactly as it appears on the credit card)

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Card Holder Phone Number: _____ - _____ - _____

I authorize CAPITAL TRUST FINANCIAL to initiate a recurring charge to the credit card indicated above for the total amount due each payment due date: _____.

I also authorize charges for any additional related services that I may incur including credit card processing charge of 4%.

I understand that I may cancel my recurring charge upon written notice to CAPITAL TRUST FINANCIAL allowing thirty days (30) time for action on my cancellation notice.

Card Holder Signature _____ Date _____

Highly Confidential