



Credit Card Authorization

Please print out and complete this authorization and return it to our office by fax: 713-983-4623, or regular mail. Please refer to www.goldquestgroup.com/privacy-policy for terms and conditions.

Borrower Name: _____

Card Holder Name: _____ Signature: _____

Address: _____

Credit Card type: _____ Visa _____ Mastercard _____ Discovery

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number - C V V - Last 3 digit on back of card: _____



Amount Charged: \$ _____ (USD)

Apply Amount to: _____ \$25 Single File (Non Refundable)
_____ \$45 Joint File (Non Refundable)

Fax or send the Authorization to:

**Gold Quest Group, LLC
1001 West Loop South, Suite 803
Houston, TX 77027**

For Loans: 713-621-6458

For Support: 713-621-6466

Fax: 713-983-4623