

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 | a Mastercard | Discovery |
| Credit Card Number: | | |
| Expiration Date:/ | | |
| Billing Zip Code: | | |
| Card Identification Number - 0 | C V V - Last 3 digist on back o | of card: |
| AN-13344 (1276) AUTHORIZED SIGNATURE Not Valid Viv. 1224 5678 9012 34566 For payor 4 feet or different dark for stated this care the feether agrees to get stated the care the feether agrees to get stated the care the feether agrees to get stated this is such stated. In this example the CCV is 999 | 91334433 Water Standa 9599 1100 1100 1100 1100 1100 1100 1100 | |
| Amount Charged: \$ | (USD) | |
| Apply Amount to: \$25 | 5 Single File (Non Refundable) 5 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**