TOSH & ASSOCIATES - P.O. BOX 1287, BRENTWOOD, CA 94513

CREDIT CARD AUTHORIZATION INFORMATION FORM

Please complete in full and fax back to 925-634-6301:

PLEASE PRINT CLEARLY!!!
ILLEGIBLE AUTHORIZATION FORMS MAY RESULT
IN A DELAY OF YOUR ORDER

Borrower Name

Property Address - Street City State Zip

Check One: ☐Visa ☐MasterCard ☐American Express

Credit Card Number Expiration Date

Purpose of Charge Charge Amount

Name on card (if different than borrower) PRINT CLEARLY

Full Billing address (if different than the property address):

PRINT CLEARLY: ADDRESS CITY STATE ZIP

Authorized signature: _____

Date: _____ Phone: _____

Appraiser Name Date of Appointment Order Number

C:creditcardcod.doc-Shelley 05/14/08