



## Credit Card Authorization Form

Today's Date (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

I: \_\_\_\_\_ authorize Get Financed, LLC

to charge my monthly payment of \$\_\_\_\_\_ to my credit card listed below.

Credit Card Information:

Cardholder's Name (as it appears on the card):

\_\_\_\_\_

Type of Card:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_/\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

This authorization form must be e-mailed to [info@getfinanced.us](mailto:info@getfinanced.us)