

7389 Florida Street Suite 200A Baton Rouge, Louisiana 70806

(225) 214-5000 or (888) 883-5690 www.gmfspartners.com

Credit Card Authorization Form

GMFS Mortgage Loan #:

\mathbf{I}_{r}	, hereby authorize GMFS,	LLC to charge my credit
card account one time in the amount of \$	for paymer	nt of an appraisal inspection.
Select Credit Card Type:		
Credit Card Number:		
Expiration Date:		
CVV Code: For Visa, MasterCard, and Discover cards, back of your card on or above your signature on the FRONT above the end of your card nu	e line. For an American Exp	_
Credit Card Billing Information (Address	where the credit card bi	Il is sent):
Name on Card:		
Street:		
Address 2 (e.g. Suite #):		
City:	State (e.g. LA):	Zip Code:
Phone Number: () -	x	
Cardholder's Signature		Date
Your completion of this authorization form helps us to protect you, from credit card fraud. GMFS, LLC will keep all information entered on this form strictly confidential.		

LENDER INSTRUCTIONS: Submit this completed Credit Card Authorization form together with the supporting loan documents to vaorders@gmfslending.com