



Credit Card Payment Authorization

Some professional services rendered from Priority Financial Network require a credit/charge card to be charged upfront.

Please complete the following information for your Visa, MasterCard, Discover or American Express card. By completing and signing this form, you authorize Priority Financial Network to charge the amount authorized to the charge/credit card you have selected below.

Please fill in the following:

I hereby provide/authorize payment in the amount of:

\$_____.

Today's Date: _____

☐ Discover

☐ AMEX

Card Type: ☐ VISA ☐ MasterCard

Card Number: _____

3 or 4 - Digit Security Code: _____

Exp. Date:_____/_____
(month) (year)

Card Billing Address _____

Cardholder's Signature: _____

Cardholders Name _____

Company Name (if Applicable): _____

Daytime Phone Number: _____

Client Name or Invoice Number (if different than above): _____

By signing this form , you authorize Priority Financial Network to charge your credit/charge card the amount indicated above. Also, you agree to pay this amount according to the terms of your credit /charge agreement.

Please fax the completed form to our office at (818)223-9997 or email it to us. Upon receipt of this form, the amount indicated will be charged to your credit/charge card.

Thank you.

T 833.258.5626 | F 888.272.7832 | NMLS #103098 | www.solventg.com

"NON-QM THIRD PARTY ORIGINATIONS RE-INVENTED"