



Take5 Financial Group

703 S. Glendora Avenue, Suite 6
West Covina, CA 91790
Phone: 1.626.569.5944
Fax: 1.626.722.5921

Date: ___ / ___ / _____

Service Type: _____

PAYMENT AUTHORIZATION FORM

Customer Name: _____

Customer Phone: _____

Company Name: _____

Credit Card Information: Amex: Visa: MasterCard: Discover:

Card Number: _____ Expiration Date: ___ / ___ CVV2 # _____

Issuing Bank: _____

Name (as it appears on the credit card): _____

Authorization: I authorize Take5 Financial Group to charge my account listed in the amount of any unpaid invoices(s) that are five or more days' delinquent from the original due date. Additionally, I understand that Take5 Financial Group will charge a \$25.00 service fee for any returned checks or rejected electronic payments from the credit card or direct deposit ("checking") accounts. This authorization is to remain in effect until Take5 Financial Group receives a written notification to cancel this authority. In the event that the credit card should decline.

Cardholder Signature: _____ Date: _____

The CVV2 numbers are the 3 digits that appear at the end of the credit card number on the back of Visa, MasterCard, Discover cards. On American express cards, the CVV2 number that appears on the front of the card above the last 4 digits on your card number.

Please sign and fax this form to (626) 722-5921 within 48 hours. If after 48 hours this document is not signed and returned, your account or any order placed will be placed on hold.

Account Holder's Signature: _____ Date: ___ / ___ / _____

Cardholder's Signature: _____ Date: ___ / ___ / _____
(If cardholder is different from account holder, both signatures are required)

Alternate Cardholder's Signature: _____ Date: ___ / ___ / _____
(If cardholder is different from account holder, both signatures are required)