

## **CREDIT CARD TRANSACTION FORM AND AUTHORIZATION FORM:**

Please complete all applicable fields below.

Seller's/CLIENT'S Name:	
Property Address:	
Phone:Email:	
CREDIT CARD INFORMATION:	
(VISA or MASTERCARD ONLY) CARD NO:	
CCID: EXPIRATION DATE:	-
CARD TYPE (PLEASE CIRCLE ONE): VISA or MASTERCARD	
** CITY OF LOS ANGELES NO LONGER ACCEPTS AMERICAN EXPRESS **	
NAME AS SHOWN ON CARD:	
BILLING ADDRESS:	
NOTES/COMMENTS:	
PLEASENOTE: BY SIGNING BELOW, THE UNDERSIGNED AUTHORIZES Success Settlement Escrow TO REQUEST ANY REPORTS OR DOCUMENTS NEEDED TO CLOSE ESCROW, AND TO CHARGE THE ACCOUNT OF THE ABOVE, FOR ONE OR ANY OF THE FOLLOWING:	
CITY REPORTS APPLICATION FEE(S):	
ANY/ALL HOMEOWNERS ASSOCIATION UP-FRONT FEES:	
OTHER (PLEASE SPECIFY):	
XDAT	'E:
SIGNATURE OF CARDHOLDER /CLIENT / IE DIFFERENT)	

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LIVE HANDWRITTEN SIGNATURE REQUIRED - PLEASE DO NOT SIGN WITH ELECTRONIC SIGNATURE

COMPLETE SIGN AND RETURN