

Credit Card Authorization Form

Please complete all fields. You have scheduled a property inspection with 3-8 Real Estate Inspections, PLLC and authorize us to collect all fees due from the card below if payment is not received from the title company as outlined in your agreement with us titled 'Closing Payment Authorization.' *Once you complete this form, please email it to us at 38inspect@gmail.com*

| Credit Card Information | |
|---|--|
| Card Type: | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other <input type="text"/> |
| Cardholder Name (as shown on card): | <input type="text"/> |
| Card Number: | <input type="text"/> |
| Expiration Date (mm/yy): | <input type="text"/> |
| Cardholder ZIP Code (from credit card billing address): | <input type="text"/> |

I, authorize 3-8 Real Estate Inspections, PLLC to charge my credit card above for agreed upon inspection fees. I understand that my information will be saved to file for this transaction only and may be billed at any time after the completion of the inspection but shall not exceed 180 days from the date of inspection.

Customer Signature

Date