



One Time Credit Card Payment Authorization Form

By signing this form you authorize and give Tower Fund Capital and it's assignee/vendor permission to make a one-time debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I am authorizing a one-time charge to run my Credit Report.

Please complete the information below:

I, _____ authorize Tower Fund Capital and it's assignee/vendor to charge my credit card on or after __/__/____.

Borrower:

Name:	
Email:	Cell Phone #:

Billing Information:

Card Holder Name:			
Billing Address:			
City:	State:	Zip:	
Account/Card #:	CWV Code:	Expiration Date:	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: _____

Date __/__/____