



Lincoln Capital Advisors
Trusted Mortgage Advisors

Credit Card Authorization Form

I understand that by signing this form, I am giving Lincoln Capital Advisors, authorization to charge my credit card for the amount specified below, for services received from their company. I am aware that "all sales are final" and there will be no refund upon authorization of my credit card but instead will receive a credit of the amount below at the time of closing that will be shown on the final settlement statement.

Name (as it is read on credit card): _____

Billing address for credit card: _____

City _____ State _____ Zip _____

Card type (circle one):

Visa Mastercard American Express Discover

Card number: _____ - _____ - _____ - _____

Expiration Date: ____/____

CVV2 Code (3 digit number on back of credit card): _____

Dollar amount that my card will be charged: \$ _____

Signature: _____ **Date:** _____