



WWW.CRSBS.COM

## Credit Card Authorization Form

To: Crossroads Small Business Solutions (CRSBS)

From: Business Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

CRSBS Loan #: \_\_\_\_\_

CRSBS Borrower authorizes CRSBS, to debit \$\_\_\_\_\_ from the following credit card account:

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

The person signing below (only one signature is required) represents he/she is signatory on the above account and is authorized by all owners of 20% or more interest in the business to execute this authorization.

Date: \_\_\_\_\_ Signature of Account Holder: \_\_\_\_\_

Name of Signor: \_\_\_\_\_

Title: \_\_\_\_\_

Email to [nfigueroa@crsbs.com](mailto:nfigueroa@crsbs.com) or Fax to (925) 482-2945

Return to Crossroads Small Business Solutions via fax or email.

***\*\*Please confirm receipt\*\****