



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 support@crsbs.com or Fax to (925) 482-2934

Return to Crossroads Small Business Solutions via fax or email.

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