



Phone: 0000000000
website address

CREDIT CARD TRANSACTION FORM AND AUTHORIZATION FORM:

Please complete all applicable fields below.

Seller's/CLIENTS Name: _____

Property Address: _____

Phone: _____

Email: _____

CREDIT CARD INFORMATION: _____

VISA or MASTERCARD ONLY) CARD NO: _____

CCID_ . _____ EXPIRATION DATE: _____

CARD TYPE (PLEASE CIRCLE ONE): VISA or MASTERCARD

**** CITY OF LOS ANGELES NO LONGER ACCEPTS AMERICAN EXPRESS ****

NAME AS SHOWN ON CARD: _____

BILLING ADDRESS: _____ ZIP: _____

NOTES/COMMENTS: _____

PLEASE NOTE BY SIGNING BELOW, THE UNDERSIGNED AUTHORIZES ALL VALLEY ESCROW TO REQUEST ANY REPORTS OR DOCUMENTS NEEDED TO CLOSE ESCROW, AND TO CHARGE THE ACCOUNT OF THE ABOVE. FOR ONE OR ANY OF THE FOLLOWING.

CITY REPORTS APPLICATION FEE(S): _____

ANY/ ALL HOMEOWNERS ASSOCIATION UP-FRONT FEES: _____

OTHER (PLEASE SPECIFY): _____

X _____ / _____ DATE: _____

SIGNATURE OF THE CARDHOLDER/CLIENT (IF DIFFERENT)

LIVE HANDWRITTEN SIGNATURE REQUIRED - PLEASE DO NOT SIGN WITH ELECTRONIC SIGNATURE

**COMPLETE SIGN
AND RETURN**