



# AFFORDABLE FINANCIAL COUNSELING

The Financial Freedom You Deserve

## CREDIT CARD AUTHORIZATION FORM

PLEASE READ THIS BEFORE YOU CONTINUE: THIS FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD TOGETHER WITH A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER'S DRIVER'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE; IT MUST BE EMAILED TO: INFO@AFFORDABLEFINANCIALCOUNSELING.COM ONCE RECEIVED BY AFFORDABLE FINANCIAL COUNSELING BEFORE ANY WORK WILL BEGIN. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WILL NOT BE ABLE TO PROCESS YOUR ORDER.

Name As It Appears On Credit Card : \_\_\_\_\_

BY EXECUTING THIS AGREEMENT, UNCONDITIONALLY AUTHORIZES AFFORDABLE FINANCIAL COUNSELING TO CHARGE THE FOLLOWING CREDIT CARD. I FUTURE AUTHORIZE THE ADDITIONAL CHARGE TO OBTAIN MY CREDIT REPORT AND SERVICE FEE.

Card Type Card : (Check One)

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## CARDHOLDERS BILLING INFORMATION (REQUIRED)

First Name : \_\_\_\_\_ Date Of Birth : \_\_\_\_\_

Credit Card Number : \_\_\_\_\_ Expiration : \_\_\_\_\_ CCV Code : \_\_\_\_\_

Full Address : \_\_\_\_\_

City / Country : \_\_\_\_\_ State : \_\_\_\_\_ Postcode : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Date of First Payment : \_\_\_\_\_ Designated : \_\_\_\_\_ Designated : \_\_\_\_\_  
Amount Per Amount Due  
Draft

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY NATIONWIDE CPAS PLLC PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY, CLIENT IRREVOCABLY AUTHORIZES ANY ATTORNEY TO APPEAR IN ANY COURT OF COMPETENT JURISDICTION TO CONDUCT \ A JUDGMENT WITHOUT PROCESS IN FAVOR OF THE CREDITOR FOR SUCH AMOUNT AS MAY THEN APPEAR UNPAID HEREON, AND TO CONSENT TO IMMEDIATE EXECUTION UPON SUCH JUDGMENT. THIS AUTHORIZATION WILL CONTINUE IN EFFECT AND WILL COVER FUTURE TRANSACTIONS UNTIL CANCELLED IN WRITING BY THE CARDHOLDER.

Applicants / Account Holder's Name : \_\_\_\_\_

Cardholder Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_

[www.affordablefinancialcounseling.com](http://www.affordablefinancialcounseling.com) | 602-662-1353 | [info@affordablefinancialcounseling.com](mailto:info@affordablefinancialcounseling.com)

THANK YOU FOR YOUR INFORMATION