CREDIT CARD AUTHORIZATION

*Fax to:* **604-542-9220** *or email to*: [**office@bakerviewappraisals.com**](mailto:office@bakerviewappraisals.com)

**PROPERTY INFORMATION**

|  |  |
| --- | --- |
| **Property Appraised:** |  |
| **Lender:** |  |
| **Invoice Amount:** |  |
| **File Number:** |  |

**PAYEE INFORMATION (All Required)**

|  |  |
| --- | --- |
| **Client Name:** |  |
| **Client Email:** |  |
| **Client Phone#:** |  |

**CREDIT CARD INFORMATION (All required)**

|  |  |
| --- | --- |
| **Name on Card:** |  |
| **Card Number:** |  |
| **Expiration Date:** |  |
| **CVC Number:** |  |
| **Card Type (Circle One)** | **VISA / MASTERCARD** |

**By signing this form, I understand that this fee will be charged to my credit card when my appraisal report is completed. I agree to contact Bakerview before initiating a charge back with my card provider.**

**Client Signature: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**