

Best Finance Capital Inc.

2 MacArthur Place, Suite 250
Santa Ana, CA 92707

AUTHORIZATION TO CHARGE CREDIT CARD

Date: _____

Borrower Name: _____

Borrower Address: _____

Borrower Phone Number: _____

I am hereby authorized Best Finance Capital Inc. to charge the following Credit Card account number in the amount of \$ _____

Card Information (check one):

Visa *MasterCard* *Discover Card* *American Express*

Card Number: _____

Expiration Date: _____

CVV/Card Code (last 3 digits on back of card): _____

Name of Cardholder: _____

Address of Cardholder (if different than above):

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

SIGNATURE OF CARDHOLDER: _____