AMERICAN CAPITAL REALTY

Appraisal Payment Authorization

CARDHOLDER INFORMATION

Name:_____

Billing Street Address:_____

Street Address (cont.):_____

City:_____ State:_____ Postal Code:_____

CREDIT CARD INFORMATION

Credit Card Type: □ MasterCard □ Visa □ American Express □ Discover Card

Number:_____

Expiration Month:_____ Expiration Year:_____

Cardholder Signature X_____ Date___/___/___

Security Code:_____

Form Version: 2012-1