

AUTORIZATION FORM/FORMA DE AUTHORIZACION

235 EAST BROADWAY*SUITE*406*LONG BEACH*CA 90208*562 506 0650 OFFICE*562 506 0233 FAX

NAME/NOMBRE _____ MIDDLE _____ LAST/APELLIDO _____

ADDRESS/DIRECCION _____ ZIP/CODIGO POSTAL _____

DATE OF BIRTH/FECHA DE NACIMIENTO _____ SS#/SEGURO SOCIAL _____

DRIVER LICENSE#/# DE LICENCIA _____ EXP _____ EMAIL _____

HOME#/#CASA _____ CELL#/# DE CELLULAR _____

REFERRED BY/ REFERIDO POR: _____ CONTRACT NUMBER: _____

I hereby grant authorization to manage the order of my financial report(s) from INNOVATIVE CREDIT for evaluation and understand that this is strictly confidential. Unless authorized by you in a Power of Attorney, we are not able to share information with third parties. I authorize M.T.C to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

CLIENT SIGNATURE/FIRMA DE CLIENTE _____

DATE/FECHA _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Subject account number to automatic debit: _____	
Routing Number _____	Account Number _____
Cardholder Name _____	
Account Number _____	
Expiration Date _____	CVC (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____
TOTAL OWED _____ MONTHLY PAYMENT(S) _____	
NUMBER OF MONTHS _____ BEGINNING DATE _____	
SIGN UP FEE _____ PAYMENT FORM _____	
SIGNED CHANGE OF ADDRESS? _____ SIGNED HARDSHIP? _____ SIGNED CONTRACT? _____	
# COLLECTIONS _____	#INQUIRIES _____ #PUBLIC RECORDS _____ #A/D REMOVAL _____

Reason for visit: <input type="checkbox"/> CR <input type="checkbox"/> DN <input type="checkbox"/> ID <input type="checkbox"/> TL <input type="checkbox"/> OPT	Employer: _____	Monthly Household Income: _____
BegFico: XP EQ TU		
Yrs with job: _____	RENT \$ _____ OWN \$ _____	Assets under others: <input type="checkbox"/> yes <input type="checkbox"/> no
PENDING: <input type="checkbox"/> BK <input type="checkbox"/> MOD <input type="checkbox"/> SHORT SALE <input type="checkbox"/> HOME PURCHASE <input type="checkbox"/> HOME SALE		Bank accounts with: _____
GOAL/META: _____		

Notes _____ FIRST REVIEW DATE: _____

Quote/Total _____ Type of Service _____ Payment/Deposit _____ Type CC/CASH/CHK _____
 Monthly Payments of _____ How many months _____ Approved By _____