

AUGUSTA TITLE, INC.
Credit Card Payment Authorization Form

Customer Name: _____

For one time payment:

I, the undersigned being an authorized signor of the following account, hereby authorize Augusta Title, Inc., to charge to the credit card below the amount of \$_____ along with a service charge of \$4.95.

For recurring payment:

I, the undersigned being an authorized signor of the following account, hereby authorize Augusta Title, Inc. to automatically charge to the credit card below for monthly charges of \$_____ along with a service charge of \$4.95/month for ___ months, starting _____.

By signing below, customer understands and acknowledges that the automatic recurring payment can be canceled anytime by giving a 30-day advance notice to Augusta Title, Inc. via email at wendy@augustatitle.com.

Credit Card Authorization

Credit card: Visa Mastercard Discover Amex

Credit Card Number: _____

Expiration (mm/yy): _____

Name on the credit card: _____

Billing address of the card: _____

Phone number associated with card: _____

Your email address: _____

CVV number: _____ (Visa/Mastercard/Discover: found on the back of the card - Amex the front of card)

Authorized Signature

Date

Print Name: _____

Please fax the completed information to 404-214-4421, or you can send this as an email attachment to wendy@augustatitle.com or orders@augustatitle.com