



AAA CAPITAL INVESTMENT, INC.

41 E Live Oak Ave, Arcadia, CA 91006

1(877) 789-8816 | NMLS #295075

One-Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize AAA Capital Investment, Inc. to make a one-time debit to your credit card listed below.

By signing this form, you authorize AAA Capital Investment, Inc. to debit your account for the specified amount on or after the indicated date. This authorization is for a single transaction only and does not grant permission for any additional unrelated debits or credits to your account. Please be advised that there are no refunds once this form has been signed.

Please complete the information below:

I, _____, hereby authorize AAA Capital Investment, Inc. to charge my credit card
(Full name)

account specified below in the amount of \$ _____ on or after _____. This payment is for
(Amount) (Date)

(Description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV2 (3 or 4 digit numbers on the back of the credit card) _____

SIGNATURE _____

DATE _____

I hereby authorize the above-named business to charge the credit card indicated in this authorization form in accordance with the terms outlined above. This payment authorization is solely for the goods/services described above, for the amount specified above, and is valid for one-time use 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, provided that the transaction corresponds to the terms indicated in this form.



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Please complete the information below:

I, cardholder name, hereby authorize AAA Capital Investment, Inc. to charge my credit card
(Full name)

account specified below in the amount of \$ appraisal fee on or after request date. This payment is for
(Amount) (Date)

Appraisal report

(Description of goods/services)

Billing Address Street Phone# Phone#
City, State, Zip City, State, Zip Email Email address

Please choose the Card Type

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Cardholder Name Cardholder Name

Card Number Credit Card #

Expiration Date Expiration Date

CVV2 (3 or 4 digit numbers on the back of the credit card) CVV2 code

SIGNATURE cardholder's signature(can be either wet or e-sign, but not a printed name) DATE Signature Date

I hereby authorize the above-named business to charge the credit card indicated in this authorization form in accordance with the terms outlined above. This payment authorization is solely for the goods/services described above, for the amount specified above, and is valid for one-time use 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, provided that the transaction corresponds to the terms indicated in this form.