



Credit Card Authorization

Please, print out and complete this authorization. Then, send the form to our office by fax: 832-204-8433, regular mail, or e-mail to mg.capitalpartners.maria@gmail.com,

Borrower Name: _____

Card Holder Name: _____

Signature: _____

Address: _____

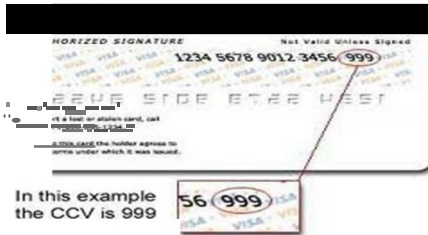
Credit Card type (Circle): Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: ___/___

Billing Zip Code: _____

Card Identification Number - **CVV** - Last 3 digits on back of card: _____



Amount Charged: \$ _____ (USD)

Apply Amount up to: \$ _____ (\$35.00 for application plus credit report per person \$60.00
_____ (Other:)

Fax or send the Authorization to:
MG & G CAPITAL PARTNERS INC.
11 Crown Court
Sugar Land TX 77498

Office: 832-620-9882

Fax: 832-204-8433