

**A-1 Credit for Me Inc  
Credit Card Authorization Form**



You must complete this form and fax to 305-362-6144, or mail it to our office at:

**A-1 Credit for Me Inc  
5968 W 20Th Ave  
Hialeah, FL 33016-2656**



**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Please provide Credit/Debit Card information below.**

**Card is a:** Visa \_\_\_ Master Card \_\_\_ Discover \_\_\_ American Express \_\_\_

**Name as it appears on Credit or Debit Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_ **CVV2 #** \_\_\_\_ ( 3 last digits on back of card )

**Billing address:**

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**I hereby authorize to process any pending balance owed to A-1 Credit for me Inc with the information herein provided.**

**Signature:** \_\_\_\_\_