



Credit Card Authorization

Date:

Client Name:

Property Address:

I/We hereby authorize ZOOM! Loss Mitigation Specialists to charge my Credit Card in the amount of:

- I/We, _____, acknowledge that ZOOM! Loss Mitigation Specialists is an independent third party processing company and charges a \$500.00 non-refundable file processing and submission fee.
- I/We, _____, have chosen to use a non-preferred service provider of ZOOM! Loss Mitigation and therefore are willing to pay \$497.00 for the forensic loan audit and legal document review.
- I/We, _____, acknowledge that ZOOM! Loss Mitigation has provided written notice of third party approval and authorize a final payment for services rendered of \$1,497.00.

Card:

Visa Mastercard American Express Discover Card

Name as it appears on the card: _____

Card # _____ Expires: _____

Security Code: _____

Billing Address: _____

Card Holder Signature

Date

Phone # _____

E-Mail Address: _____