



USMR Credit Card Authorization Form



I the undersigned cardholder authorize (enter name of User, an Independent EAP representative or prospect) _____ USMR ID# _____ to use my credit card for a **one time purchase** of products from USMR in the amount of \$ _____.

I HEREBY AUTHORIZE U.S. MORTGAGE REDUCTION, INC. (USMR) TO CHARGE MY:

American Express

(15 digits)

Visa

(16 digits)

JCB

(16 digits)

MasterCard

(16 digits)

Discover Card

(16 digits)

FOR THE PURCHASE OF PRODUCTS FROM USMR.

ALL ITEMS BELOW MUST BE COMPLETED

YOUR NAME AS SHOWN ON CARD

BILLING ADDR _____ (where you receive your credit card statements)

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____, EXTENSION _____

Card Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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Expiration Date

Mo.	Yr.
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Card Security Code / CID **

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** The Card Security Code/CID is a 3 or 4 digit number found above the card number on the front right side of American Express, and beside the signature area on the back of MasterCard, Visa, Discover and JCB Cards.

DISCLAIMER NOTICE: Cardholder hereby agrees to indemnify and hold U.S. Mortgage Reduction, Inc. (USMR) harmless for any claims resulting from the unauthorized use of credit card by the User listed above. User hereby agrees to reimburse U.S. Mortgage Reduction, Inc. within 10 calendar days of request if for any reason a credit card transaction is invalidated. **DUE TO DISCLOSURE OF TRADE SECRETS AND THE CONFIDENTIAL NATURE OF USMR'S MATERIALS, ALL SALES ARE GOOD AND FINAL. WE ARE UNABLE TO PROVIDE REFUNDS OR CREDITS.**

Authorized (Cardholder) Signature

____/____/____
Date

User (EAP Representative or Prospect) Signature

____/____/____
Date

Instructions: Please complete all sections, sign (if EAP Representative or Prospect is the cardholder, he/she must sign on BOTH Cardholder and User lines), and fax this form to 520-918-0041, or mail it to: USMR's Agreement Processing Department, 1282 N.E. Business Park Pl., Jensen Beach, FL 34957-5319