



APPRAISALS

Stanley Michael & Assoc.
Credit Card Authorization

Visa **MasterCard** **American Express**

Cardholder Name			
Credit Card Number			
Expiration Date	(mm/yy)	CDC Code (3 digit code on back)	
Billing Address			
Phone Number			
Email Address			

Stanley Michael & Assoc. will charge the following amount to the credit card number listed above: \$ _____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay and specifically authorize S M & A Appraisals to charge my credit card, for the appraisal services provided. I further agree that in the event my credit card becomes invalid, I will provide S M & A Appraisals with a new valid credit card to be charged for the payment of any outstanding balances owed to S M & A Appraisals. I understand that I cannot receive a refund for this service if I do not agree with the appraiser's value of the property because I have hired S M & A Appraisals to give an unbiased valuation of the property.

Signature	
Printed Name	
Property Address	
Date	

FRONT Place Credit Card Copy Here
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Office Use Only

Processed by		Authorization #		Transaction #	
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