



APPRAISAL CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.

Directions:

- 1) Complete the cardholder and credit card information entirely. Cardholder must sign on the line indicated.
- 2) Fax completed form to our secure, toll-free number 866-738-4435 or email to orders@see-amc.com
- 3) BROKER TO KEEP COPY ON FILE

CUSTOMER INFORMATION

CUSTOMER NAME _____
Property address _____
AMOUNT TO BE CHARGED _____

CARDHOLDER INFORMATION

CARDHOLDER NAME _____
BILLING ADDRESS _____

CARDHOLDER PHONE # _____
CARDHOLDER EMAIL _____

CREDIT CARD INFORMATION

ACCOUNT NUMBER _____ 3 digit code _____
EXPIRATION DATE ____/____/____ CARD TYPE _____

I hereby authorize SouthEastern to charge the payment amount to the credit card listed above. I certify that I am a person who is authorized to use the credit card provided.

SIGNATURE _____ DATE _____
SIGNATURE OF LENDER _____ DATE _____