

**CREDIT CARD AUTHORIZATION**


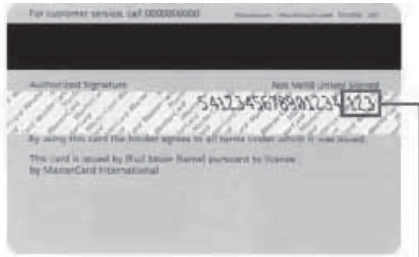
Please sign and fax back to Accounts Receivable at 508-229-7899.

Company: \_\_\_\_\_

Customer or Lease number(s): \_\_\_\_\_

I/We hereby authorize Beacon Funding Corporation to charge my credit card for payment(s) to the above account(s) for the dollar amount listed below.

- Please run this as a one-time transaction unless as authorized below
- Please process this card monthly on the \_\_\_\_\_ of the month.

CREDIT CARD INFORMATION	
Name on Credit Card:	_____
Amount Charged:	_____ <i>plus a 3% convenience fee</i>
Credit Card Type:	<input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Credit Card Number	_____
Expiration Date:	_____
CVV (3 or 4 digit #):	_____
	
American Express 4 Digit CVV	Discover, Mastercard, Visa 3 Digit CVV

BILLING INFORMATION	
Street Address:	_____
City/State/Zip:	_____

\_\_\_\_\_  
 Authorized Signature Date

I/We hereby authorize Beacon Funding Corporation to process the above credit card for the amount listed above, and in the event of a Default status (as per the terms of the contract), for any additional monies that may be due upon the account.