

Credit Card Authorization

Please sign and fax back to Accounts Receivable at 508-229-7899 or email questions@beaconfunding.com.

Company _____

Customer or Contract 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 _____ plus a 3% convenience fee

Credit Card Type Amex Discover MasterCard Visa

Credit Card Number _____ CVV # _____ Expiration Date _____

BILLING INFORMATION

Street Address _____

City, State, Zip _____

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 term of the contract), for any additional monies that may be due upon the account.

Authorized Signature _____ Date _____