



3400 Dundee Rd, Suite 180  
Northbrook, Illinois 60062  
T 800.866.6396 F 508.229.7899

# Credit Card Authorization

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

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. I/We understand that this information will be saved on file for future transactions and that Beacon Funding Corporation is also authorized to use the above credit card as a backup payment method to collect any past due amounts or amounts due in the Event of Default of the contract (as per the terms of the contract) if unable to be collected by other payment methods.

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