

CRAFTSMAN FINANCIAL SERVICES

FAX (916) 361-7168

FAX PAYMENT AUTHORIZATION FORM

CHECKS OR CREDIT CARDS

I hereby authorize Craftsman Financial Services to use the credit card information below OR a faxed copy of my check to initiate a one-time electronic funds transfer.

Account Holder Sign Here: X _____

Craftsman Account Number: _____ Date: _____

Payment Type (select one): Check _____ Credit Card _____

PAY BY CREDIT CARD SECTION - INSTRUCTIONS

Fill out & sign the top section of this page, then fill out the data below

Name on Credit Card: _____

Billing Address: _____

Billing City: _____ Billing Zip Code: _____

Credit Card Number: _____

Amount: _____ Credit Card Exp Date: _____

PAY BY CHECK/EFT SECTION - INSTRUCTIONS

>> Fill out & sign the top section of this page <<

Place copy of check in this area.

Please write "Check By Fax" in memo section on check.

Make check payable to Craftsman Financial Services.

Do NOT mail the original check – keep it as your receipt