

# 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 as an actual payable check.

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 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.

Keep original check as a receipt.