

# Hometown Hero Community Stimulus Program

## Verification and Credit Card Authorization Form

Payment is in consideration of Foreclosure.com providing goods and/or services.

Party noted shall pay to Foreclosure.com a fee as indicated to the total amount listed below:

**FAX FORM TO:  
561-981-5339**

### Employer Verification

Profession:  Police officer  Firefighter  Teacher  Nurse  Postal carrier  Military  Other \_\_\_\_\_

Employer:

Employer phone number:

Employer address:

City:

State:

Zip code:

### Contact Information

Applicants print full name as it appears on your credit card:

Mailing address (Needs to be the same as the billing address):

City:

State:

Zip code:

Home email address:

Work email address:

Phone number:

### Account Information

Credit card account # (Must be minimum of 16 digits):

Credit card type (Visa, Mastercard, American Express):

Expiration date:

CVS/CW2 code:

The CVS or CW2 is the last 3-4 #'s on the back of the card

Total amount to be charged monthly:

**\$29.85\***

\*25% monthly savings off standard price of \$39.80

**IMPORTANT: YOUR CREDIT CARD WILL NOT BE CHARGED UNTIL AFTER THE FREE 7-DAY TRIAL EXPIRES.**

**CANCEL AT ANYTIME DURING OR AFTER YOUR FREE TRIAL PERIOD.**

Signature

Date

#### For Internal Use Only

Date Verbal Authorization Obtained:

Contact Number to Obtain Authorization:

Processed By:

Date:

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