

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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