TGI GLOBAL Incorporated
DBA/ ACCENT Home Inspection Solutions
PO Box 623
Rathdrum, ID 83858
Phn. (208) 398-3463
Fax. (208) 712-3090

Customer Name: _____

House Address: _____

City: _____

CREDIT CARD PAYMENT AUTHORIZATION FORM

This form must be completed by the cardholder and submitted to TGI by fax or email. This payment request form will be processed within (7) days from the date it is received or otherwise agreed by TGI and the card holder. Any and all services will not be delivered until payment has been verified through the credit card company. I understand that there is a fee for this transaction.

I _____hereby authorize TGI to charge my credit card designated on the bottom of this form for payment of those fees identified below.

Signature of Authorized Cardholder: _____ Date _____

Print Name Exactly as Shown on Card: _____

PLEASE CHARGE THE FEES TO MY

☐ **AMERICAN EXPRESS**

☐ **DISCOVER**

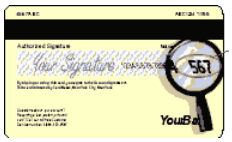
☐ **MASTERCARD**

☐ **VISA**

Acct No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐ / ☐☐

CVC #: ☐☐☐ **Located on the back of the card**



Transaction Fee: $ _____ **Total Billing: $** _____

I understand if any payment is denied by my credit card company there will be an immediate bank processing fee of $ 35.00 added to my account balance per charge. Additionally, I understand that I am responsible for and agree to pay any and all fees associated with the overdue balance.

Initial Here: _____

Signature: _____ Date: _____

Make sure that you filled the form out properly. Double check that all of the information you have provided is correct to avoid extra charges.