

Authorization for Electronic Payment:

The charge will appear as THE SABRE GROUP on your bank or credit card statement.

Method of Payment:

Please Check One:

Name: _____

Bank Draft

Billing Address: _____

Credit Card

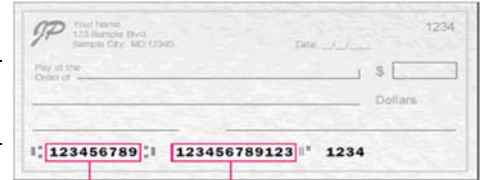
City, State, Zip: _____

If Paying by Bank Draft:

Routing Number: _____

Account Number: _____

Type of Bank Account: Business Personal



Routing Number Account Number

If Paying by Credit Card:

Type of Credit Card:

- Visa
- MasterCard
- AMEX
- Discover
- Other

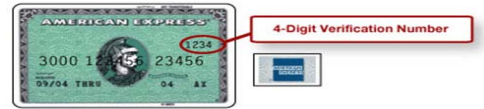
CC#: _____

Expiration Date: _____

Verification Code Number: _____



3-Digit Verification Number



4-Digit Verification Number

I authorize The Eviction Center to charge my credit card and/or perform a bank draft for the amount(s) listed below for services being performed by the Eviction Center. Client acknowledges that the above Credit Card/Checking Account information is accurate and agrees to be responsible for any fees that The Eviction Center might incur for inaccurate Credit Card/Checking Account information given at time of initial request. I also acknowledge being given The Eviction Center refund policy statement and I agree to the refund terms set therein. This also allows for subsequent charges as agreed upon for additional services/fees between the client & The Eviction Center.

Payment Authorization:

1st Amount: \$ _____
 2nd Amount: \$ _____
 3rd Amount: \$ _____
 4th Amount: \$ _____
 5th Amount: \$ _____
 6th Amount: \$ _____

Date: _____
 Date: _____
 Date: _____
 Date: _____
 Date: _____

Additional Billing Amounts:
 Invoice #: _____
 Invoice #: _____
 Invoice #: _____
 Invoice #: _____
 Invoice #: _____

_____ Date _____ Card/Account Holder Signature

Below is for Office-Use Only:

Type of request: Walk-In Office Location: Beaumont Details: _____
 Email Hemet Date: _____
 Fax Our Account #: _____
 Telephone Case Name: _____
 Employee Processing Request: _____