

# capitalreporting

PO Box 97696 ~ Raleigh, NC 27624

919.841-4150 ~ 919.841-4155 Fax

[main@capreporting.com](mailto:main@capreporting.com)

## AUTHORIZATION

I authorize CAPITAL REPORTING, INC. to charge \$\_\_\_\_\_ for payment  
of invoice # \_\_\_\_\_ on the following credit card:

Mastercard # \_\_\_\_\_ Exp: \_\_\_\_\_

Visa # \_\_\_\_\_ Exp: \_\_\_\_\_

AmEx # \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address on Statement: \_\_\_\_\_  
\_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.capreporting.com](http://www.capreporting.com)