

# Credit Card Authorization/ Check Payment

## CREDIT LIFELINE INFORMATION KIT

Mail to: Pearl B. Polto, Inc.  
P.O. Box 18164  
Philadelphia, PA 19116  
Phone: 1-866-61-PEARL  
Phone: 1-800-876-CRED  
Web: [www.pearlpolto.net](http://www.pearlpolto.net)  
Email: [ppolto@msn.com](mailto:ppolto@msn.com)

CLIENT INFORMATION		
First Name	MI	LAST NAME
Address		
City/State/Zipcode		
PAYMENT INFORMATION		
Check One	<input type="checkbox"/> Check (make checks payable to "Peal B. Polto, Inc.)	
	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
CREDIT CARD NUMBER		
NAME AS IT APPEARS ON CREDIT CARD		
BILING ADDRESS		
CITY	STATE	ZIP CODE
TOTAL AMOUNT DUE	\$50.00	
AUTHORIZATION		
<p>I authorize Pearl B. Polto, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay this purchase in accordance with the issuing bank cardholder agreement.</p>		
Signed: _____		
Dated: _____		
Name: _____		