

capitalreporting

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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: _____

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