



PROFESSIONAL
PRACTICE FINANCING

CREDIT CARD AUTHORIZATION FORM

Please print and complete this authorization form and return to us.
All information will remain confidential.

Name of Practice: _____

Name on Card: _____

Billing Address: _____
Street Address City State Zip Code

Credit Card Type: _____ Visa _____ MasterCard

Credit Card Number: _____ Expiration MM/YY: _____

Card Identification Number (last 3 digits on the back of card): _____

Amount to Charge: \$ _____

I authorize, Zions Bancorporation 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.

Cardholder: Print Name, Sign and Date below:

Sign: _____

Dated: _____

Name: _____

Once completed, please return the form to:

Sudha Sudabattula

Loan Closer

310 S. Main St., Suite 1100, Salt Lake City, UT. 84101

O: (801) 844-8287 F: (844) 492-9008

Sudha.Sudabattula@zionsbank.com