



Credit Innovations
Credit Restoration Services

Credit Innovations Credit Card Authorization Agreement

Billing Info:

*Credit Card Number: _____

*Card type (Please circle): Mastercard. Visa. American Express. Discover. Bank/Debit card.

*Expiration Date: _____

*Amount (Enrollment fee): _____

*Amount (Monthly fee charged 6 months starting the following month after the enrollment fee has been charged): _____

*Monthly charge due on the ____ day for the next 6 months following the charge of our enrollment fee.

*Card Security Code (CVV2/CID): _____

Card Billing Address:

*Last name: _____

*First name: _____

*Address: _____

*City/State/Zip code: _____

*Phone Number: _____

*Email address: _____

*Signature: _____

Date: _____

By signing our authorization agreement, you are agreeing to our enrollment fee and monthly fee.

Individuals agree to pay a \$99.95 enrollment fee and 6 monthly payments of \$80 which will be automatically billed to the credit card on file.

Couples agree to pay a \$149.95 enrollment fee and 6 monthly payments of \$95 which will be automatically billed to the credit card on file.

All clients will receive email notification of payment received and reoccurring billing charges from Capital Merchant Solutions, Inc.