

THE HOME OPTION

CREDIT CARD AUTHORIZATION FORM

If you intend to pay for services using a credit card, please complete this form and return in the envelope provided.

I authorize The Home Option to keep my signature on file and to charge my credit card account as instructed.

VISA _____ MASTER CARD _____ DISCOVER _____ AM EX _____

Client name: _____

Cardholder name: _____

Street Address: _____

City, State, Zip: _____

Account number: _____

Expiration date (month/year): _____

Cardholder's signature: _____

Current date: _____

I understand that this form is valid unless I cancel the authorization through written notice to the company.