



# 100 Percent FINANCED

Earn Passively. Live Passionately

## PAYMENT AUTHORIZATION FORM

Client agrees to pay Grey Rose Consulting, LLC (GRC) dba 100 Percent Financed the appropriate fee based on the invoice for the services rendered by Grey Rose Consulting, LLC. By signing below, client agrees that all agreed upon services have been hereby rendered.

GRC is temporarily NOT accepting M&T Bank cards. We apologize about the inconvenience.

**PLEASE PRINT LEGIBLY.**

**Required:** Place an "X" by the service you're paying for and write the total amount below:

Service:	Inq Rem ____	Multifam Coaching ____	Single Fam Coaching ____	Credit Repair ____
Total Amount \$:	\$ _____	\$ _____	\$ _____	\$ _____

### Credit Card to use for the payment:

Name on credit card: \_\_\_\_\_

Credit card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ (month/yr)

Billing street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lender name (ex: Chase): \_\_\_\_\_ 3 digit security cvv code: \_\_\_\_\_

**CLIENT'S NAME WHO'S BEING SERVICED:** \_\_\_\_\_

**Client's email:** \_\_\_\_\_

**Client's phone:** \_\_\_\_\_

\*Check if Same as Billing Address \_\_\_\_\_

\*\*If not, complete the address information below.

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\*Check if Same as Billing Address \_\_\_\_\_

**CLIENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

After completing, please fax to 412-440-7505 OR  
Email to [services.100percentfinanced@gmail.com](mailto:services.100percentfinanced@gmail.com)