



TODD SWANSON
MORTGAGE CONSULTANT

"Semper Fidelis"

1081 Camino Del Rio S. #210, San Diego, CA 92108 ♦ (P) 858-692-8582 ♦ (F) 619-639-0354 ♦ todd@toddschwanson.us

Authorization to Enroll in AVAIL credit service

First Name: _____ M.I. _____ Last Name: _____ Jr / Sr / III

Social Security #: _____ Date of Birth: _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Current Address: _____

Previous Address: _____

Type of credit card (circle one) Amex Visa Mastercard Discover

Credit card # _____

Expiration date: _____ / _____

Security Code # on back of card _____ (Visa, Mastercard and Discover)
_____ (Amex is four digit number on front of card)

Name on credit card: _____

Billing Address of credit card: _____

Mother's Maiden Name: _____

By signing this form you are authorizing charging your credit card for the AVAIL enrollment fee of \$199.

Signature of card holder: _____ Date: _____

Please fax back to me at (800) 789-7935