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**Credit Card Payment Information Form**

**Business Name:** \_\_\_\_\_

**SFG Loan #** \_\_\_\_\_

**Individual(s) Name:** \_\_\_\_\_

**Credit Card Information Needed:**

**Account Holders Name:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Billing Address for Credit Card:**

\_\_\_\_\_

Street Number and Address

\_\_\_\_\_

City, State

Zip

\_\_\_\_\_

**Signature of Account Holder**

\_\_\_\_\_

**Date**

**Fax to Superior Financial Group at (925) 482-2944  
or email to [keverett@superiorfg.com](mailto:keverett@superiorfg.com)**