



VANTAGE®

Date Stamp
(Office use only)
Rev. 12/31/18

CREDIT CARD AUTHORIZATION

Did you know?

Payments can now be made using our Online Payment Portal
Visit <http://VantageIRAs.Force.com>

This is a fillable PDF form. To complete the form, click in an area and type.

Date: _____ Account Number: _____

Account Name: _____ Preferred Phone Number: _____

Amount: _____ Fee Description: _____

Debit Credit If Credit, Please Select Card Type: Visa Master Card Discover AMEX

Credit Card Number: _____ Expiration Date: _____

Name On Card: _____

CVV: _____ AMEX: _____
3 security numbers on back *4 security numbers on front*

Billing Address: _____

City: _____ State: _____ ZIP: _____

Would you like us to keep your credit card on file for future Vantage fees? YES NO

Upon the event that your credit card is declined, Vantage reserves the right to deduct applicable fees from your account.

Credit Card Authorized Signature: _____

Email Address For Receipt: _____

Please return this form via one of the following methods:

MAIL
Vantage Retirement Plans, LLC
20860 N. Tatum Blvd. #240
Phoenix, AZ 85050

EMAIL
Accounting@VantageIRAs.com

FAX
(480) 306-8408