

## **Precious Metals Credit Card Authorization**

555 12th Street, Suite 900

Oakland, CA 94607 Phone: (800) 392-9653 Fax: (510) 587-0960

1 Account Information							
NAME (as it appears on your account application)	ACCOUNT NUMBER(S)						
DAYTIME PHONE NUMBER	EMAIL ADDRESS						
2 Credit Card Information	า						
PAY WITH CARD ON FILE	LAST 4 DIGITS OF CARD						
NEW CARD (select one):	☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER						
NAME AS IT APPEARS ON CARD	CARD N	CARD NUMBER			SECURITY CODE		
EXPIRATION DATE	BILLING	ADDRESS					
CITY, STATE, ZIP CODE							
By signing below, you authorize Entrust to charge your credit card for the fees associated with this transaction. Your requ understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the SIGNATURE							
3 Fees Charged  Check All That Apply:							
□ ONE-TIME FEE \$ □ C K  By checking this box, you authorize Entrust to charge your By che		CURRENT / FUTURE ANNUAL RECORD KEEPING AND TRANSACTION FEES  by checking this box, you authorize Entrust to charge your redit card the recordkeeping and transaction fees.		By checking th	ATION FEE  is box, you authorize Entrust to charge a e. Entrust will not charge any future fees to		
4 Acknowledgement							
By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.							
SIGNATURE				DATE			
Submission Ontions							

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(866) 228-4009	preciousmetals@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607