

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE

CLIENT NAME: _____

Cardholder Name: _____ Signature: _____

Billing Address: _____

Email (required for report to be delivered to you): _____

Credit Card Type:

_____ VISA _____ MASTERCARD _____ AMEX

Credit Card Number:

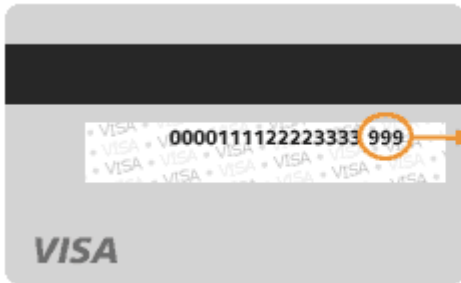
_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

Card ID Number (3 digits located on the back of the credit card, 4 digits on front for AMEX): _____



**Card
Identification
Number**

****Individual Credit Report is \$107.00**