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## CREDIT CARD AUTHORIZATION FORM

(Please complete and return by e-mail or fax)

(Please print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

CREDIT CARD: (check one):  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CREDIT CARD NO. \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CARD VALIDATION NUMBER (CVN): \_\_\_\_\_  
(3 DIGIT NUMBER IN SIGNATURE AREA ON BACK OF CARD)

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE NO. OF CARDHOLDER: \_\_\_\_\_

I AUTHORIZE THE ABOVE REFERENCED CREDIT CARD BE CHARGED IN THE AMOUNT OF: \$ \_\_\_\_\_

PURPOSE:  SERVICE OF PROCESS  INVESTIGATIVE WORK  OTHER: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_