

Los-Angeles-Private-Investigator.com

Phone: 877 202 9064 Fax: 877 202 9065

CREDIT CARD AUTHORIZATION

DATE: _____ SUBJECT OF REQUEST _____

TO: Los-Angeles-Private-Investigator.com

PROCESSED: _____

INVOICE NO.: _____

APPROVAL NO.: _____

FROM: _____

YOUR NAME

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

I AUTHORIZE Los-Angeles-Private-Investigator.com, TO BE PAID FOR THE TRANSACTION OF THE ABOVE-REFERENCED COMPANY IN THE AMOUNT OF _____ BY USING THE CREDIT CARD LISTED BELOW.

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER

EXACT NAME AS IT APPEARS ON THE CARD

EXPIRATION DATE

3 OR 4 DIGIT CARD CODE

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE
I WAIVE MY RIGHT OF RE FUND AND/OR TO DISPUTE THE CHARGE.

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

DATE

By signing or submitting this form, you agree to the terms and conditions and privacy policy of this website.

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