

Credit Card Authorization Form

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NAME (as it appears on card): _____

ACCOUNT # _____ EXP DATE: _____

CVC CODE: _____

Circle type of card (Visa, MasterCard, Amex, Discover, and Debit)

Credit card billing address: _____

I, _____ hereby Authorize Amax Investigations, LLC to charge the following Credit Card above in the amount of: _____ to complete my assignment and or service(s).

Print name: _____

Sign: _____ Date: _____