

# Assured Investigations

P.O. Box 9245  
Marietta, Ga 30065

Phone: 678-520-3512

Fax: 770-928-9999

<http://www.assuredinv.com>

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## Credit Card Authorization Form

I, \_\_\_\_\_ (Print Your Name), hereby authorize Assured Investigations to charge my below listed credit card in the amount of \$\_\_\_\_\_ (Amount of Retainer). I also authorize Assured Investigations to charge my credit card to pay any balance owed to Assured Investigations that has not been paid within 7 days of a final invoice.

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### Credit Card Information:

Visa                       MasterCard                       American Express                       Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

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### Credit Card Billing Information:

Name that appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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As the credit card holder, I hereby authorize receipt of services by Assured Investigations

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Cardholder's Signature

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Date