

Assured Investigations

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<http://www.assuredinv.com>

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.

Credit Card Information:

Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ CSV Code: _____

Credit Card Billing Information:

Name that appears on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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

Cardholder's Signature

Date