

# DEAN INVESTIGATION AGENCY

*"diligence, resourcefulness, tenacity..."*



## CREDIT CARD AUTHORIZATION FORM

Name of Individual whose name appears on the Credit Card: (as it appears on card)

\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I hereby authorize the DEAN Investigation Agency to bill the below card one time only for the following amount \$ \_\_\_\_\_.

Credit Card Number: \_\_\_\_\_

Circle One: VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Expiration Date: \_\_\_\_\_ Security Numbers (last 3 digits on back of card) \_\_\_\_\_

\$20.00 convenience fee under \$1,000 \$25 convenience fee over \$1,000

Please complete this form an FAX it to DEAN Investigation Agency (803) 254-1602

### FOR OFFICE USE ONLY:

Approval # \_\_\_\_\_

Declined: \_\_\_ yes \_\_\_ no

Amount Charged: \_\_\_\_\_

Reason: \_\_\_\_\_

Fee: \$ \_\_\_\_\_