

CREDIT CARD AUTHORIZATION

S D Childs Investigative Services is authorized to charge my credit card for services that I have requested for my company/myself.

Credit Card Information: (please check appropriate box)



Name on Card _____

Credit Card Number _____ Expiration Date ____/____

CVV/CVN Number: _____

Billing Address _____

I hereby authorize S D Childs Investigative Services to charge my credit card in the amount of \$_____

Signature of Cardholder

Date