

Totally Confidential Investigations, Inc

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www.tcisecurity.net

Credit Card Authorization Form

I, _____ (Your Name), hereby authorize Totally Confidential Investigations, Inc. to charge my below listed credit card in the amount of \$ _____ (Amount of Retainer). I also authorize Totally Confidential Investigations, Inc. to charge my credit card to pay any balance owed to Totally Confidential Investigations, Inc. 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 Code: _____

Telephone: _____

As the credit card holder, I hereby authorize receipt of services by Totally Confidential Investigations, Inc.

Cardholder's Signature

____/____/____
Date