

Credit Card Authorization Form

my credit card account for any outstanding amounts owe below. I certify that my credit card may be used to cover until I evoke its use in writing. I also certify that all amount	hereby authorize AllClear Investigations, Inc., to charge ed to AllClear Investigations, Inc. by the Company listed any and all amounts owed to AllClear Investigations, Inc. ats owed to AllClear Investigations, Inc. prior to the end of eceives my revocation letter may be charged to my credit
amounts owed by the company listed below prior to A revocation letter. I acknowledge that AllClear Investigatio Security Standards Council is reasonable and accepted. I	personal liability to AllClear Investigations, Inc. for any AllClear Investigations, Inc.'s receipt of my credit card ons, Inc.'s use of the security procedures issued by the PCI understand that as part of my security procedures, I will notify AllClear Investigations, Inc., in writing, of any
As the credit card holder, I authorize AllClear Investigat owed.	ions, Inc. to charge my credit card for all future amounts
Credit Card Information	
Type of Credit Card Visa American Express Credit Card Number	Name As It Appears On Credit Card Expiration Date
Billing Information	
Street Address	
City Phone Number	State Zip Code
THOSE NUMBER	

Date: _____

Signature: