



# Spartan Detective Agency, Inc.

"We Do It All"

## ***CREDIT CARD AUTHORIZATION FORM***

NAME (AS IT APPEARS ON THE CARD): \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

BILLING

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I HEREBY AUTHORIZE SPARTAN DETECTIVE AGENCY TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$\_\_\_\_\_ FOR SERVICES TO BE PERFORMED. I UNDERSTAND ANY CREDIT UPON COMPLETION OF MY INVESTIGATION WILL BE RETURNED TO MY CARD WITHIN FIVE BUSINESS DAYS AFTER THE CASE IS CLOSED. ALSO, I UNDERSTAND MY ACCOUNT WILL BE CHARGED UPON THE COMPLETION OF THE INVESTIGATION FOR ANY SHORTFALL IN THE AMOUNT ORIGINALLY AUTHORIZED.

TYPE OF CREDIT CARD:

\_\_\_\_\_

CREDIT CARD NUMBER:

\_\_\_\_\_

EXPIRATION DATE:

\_\_\_\_\_

SECURITY CODE:

\_\_\_\_\_

CARDHOLDERS AUTHORIZED SIGNATURE:

\_\_\_\_\_