|  |
| --- |
| CREDIT CARD AUTHORIZATION |
| Company Name:  |  |
| Contact Person:  |  |
| Telephone: |  | Fax: |  |
| Email Address: |  |
| Address: |  |
|  |  |
|  |  |

|  |
| --- |
| **CREDIT CARD INFORMATION** |
| [ ]  VISA [ ]  MASTERCARD Card No.: |  |
| Name (as it appears on card): |  |
| Expiration Date: |  |
| Name of Individual Authorized to Sign: |  |
| Billing Address for Credit Card: |  |
| Credit Report Requested: |  |
| Amount Authorized: |  |
| [ ]  Keep card number on file [ ] Use card for all purchases CVV # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3-digit Code located on the back of the card) |

I hereby authorize CFS International Inc. to charge the amount indicated to the credit card as shown.

Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax the completed authorization form to the fax number shown above or email to us at** orders@intternationalcreditreports.com.