|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto:orders@intternationalcreditreports.com).