Please fax completed form to 866-552-7326

SecureSearch
Integrity. Technology. Security.

Credit Card Authorization Form

I/We hereby authorize SecureSearch Background Checks to utilize and charge said credit card for all activity billable for SecureSearch Background Checks. Any credit card changes need to be submitted to SecureSearch Background Checks via this form.

All fields must be completed.

Customer/Business Name: _____

Name on Card:_____

Card Type: Visa ☐ MasterCard ☐ American Express ☐ Discover ☐

Card Number:_____ Exp Date: _____

Security Code (usually on back of card and is a three-digit number):_____

Address Credit Card Statements are sent to:

_____

Address City State Zip

Authorized Signature: _____ Date:_____

Contact Email: _____ Phone: _____

Print Name:_____

Effective Date:_____

Is this change for credit card Holder only? Yes ☐ No ☐

Is this person the new invoicing Contact? Yes ☐ No ☐

support@securesearchpro.com

www.securesearchpro.com

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