

Spearhead Private Investigations

What is your lack of information costing you...



CREDIT CARD AUTHORIZATION FORM

Case File #: _____

Date: _____

CLIENT INFORMATION (Print Legibly)

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

E-Mail Address (*Required for Confirmation*):

Charges Authorized for the following investigative services:

Credit Card Information:

Card Type: Master Card Visa Discover American Express

Card #:

Exp. Date:

CVC Code:

Name As It Appears On Card:

Total Charge:

Billing Address (*If different from above*):

By signing this form you acknowledge all listed information is true and accurate, you are the authorized card holder and you authorize Spearhead Global Security, Inc., d//b/a Spearhead Private Investigations to charge your credit card in the amount listed above.

Signature:

Date:

Please ensure you submit a copy of the front and back of your credit card along with this form. The copy of the card may be mailed, scanned or faxed. You can also send digital images taken from a camera or cell phone via e-mail. All emailed documents should be sent to info@spidetectors.com or dkaiser@sgsinc.us. ***NOTE: A 3.55% Credit Card processing fee is added to the total charge.