



GSM Investigative Group, LLC  
110 N Corcoran Street, 5<sup>th</sup> Floor  
Durham, NC 27701  
NCPI License 509894

## CREDIT CARD AUTHORIZATION

(Please complete and return via email to [Scott@gsminvestigativegroup.com](mailto:Scott@gsminvestigativegroup.com))

Date:

To: GSM Investigative Group, LLC  
110 N Corcoran Street, 5<sup>th</sup> Floor  
Durham, NC 27701  
+1 (919) 430-1736

Case Number:

Payment To: GSM Investigative Group, LLC

From:

Company Name:

Credit Card Billing Address:

City, State, Zip:

Cell Phone:

Business Phone:

By this memo, I authorize GSM Investigative Group, LLC to be paid for the transactions agreed to in a signed retainer agreement in the amount of \$ \_\_\_\_\_ using the credit card listed below:

(    ) Visa    (    ) Mastercard    (    ) American Express    (    ) Discover

Credit Card Number

Name on Card

Expiration Date      CVC Code

I understand the charge for the above service is non-refundable, non-recoverable, and non-contestable. I waive my right of refund and or dispute of the charge.

By:

Authorized Signature for Credit Card

**GSM Investigative Group, LLC**  
**NCPI License 509894**

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