

AUTHORIZATION TO PROCESS CREDIT CARD CHARGES

The undersigned authorizes M&M Management to process my charges, for background screening services, through Professional Screening Services, Inc. My credit card information is as follows:

- a. Name on front of card: _____
 - b. Credit Card Account Number: _____
 - c. Credit Card Expiration Date: _____
 - d. TYPE of Credit Card - Visa, MasterCard, or Discover: _____
 - e. 3 digit code on back of credit card: _____
 - f. Billing address zip code of card holder: _____
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Authorizing Signature of Client
(We accept typed signatures as authorization):

Authorizing Signature

Date

A credit card fee of \$3.00 will be added to your charge.