



**AUTHORIZATION PAY FOR CREDIT REPORT**

**Please sign and fax to: (858) 693-4050**

Client Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client E-Mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Visa Card Number: \_\_\_\_\_

Master Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CCV Number: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City: \_\_\_\_\_

Billing State: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Amount Billed: - (Circle Applicable) 1 person 10.75 / 2 people 14.50

Person #1 Social Security #: \_\_\_\_\_

Person #2 Social Security #: \_\_\_\_\_

Today's Date: \_\_\_\_\_