

Credit Card Authorization Form

Account Name: _____

Account Number or (host user id): _____

Credit Card Information

Visa

MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

****If a bank outside the US issued the credit card you are providing Complete Screening Agency, LLC/Rover Security Co., please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying****

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agrees to pay, and specifically authorize **Complete Screening Agency, LLC/Rovers Security Co.** to charge my credit card, for the services provided.

Signature: _____

Printed Name: _____

Date: _____