

PROFESSIONAL
I N V E S T I G A T I O N S

**CONFIDENTIAL
DOCUMENT**



140 Reynolds School Road Asheville, NC 28803
828 712-6990
tomchickos@gmail.com
www.professionalinvestigation SNC.org

CREDIT CARD AUTHORIZATION FORM

Name On Card: _____

Card Type: _____

Card Number: _____ Exp _____

Security Number on Back: _____

Complete Billing Address: _____ Zip: _____

Client's Phone Number: _____

Amount Charged: \$ _____

I authorize Professional Investigations to charge the amount listed above to the credit card provided herein. I agree to pay for this service in accordance with the issuing bank cardholder agreement.

Cardholder please sign and date

Signature: _____

Date: _____

Print Name: _____