

PINPOINT AMERICA™

"Trust, but Verify" Screening and verification services

Client Contact Information

Employer Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Contact Name: _____
Contact Telephone: _____

Authorization Agreement for Credit Card Payment

Credit Card Type: Visa MasterCard

Credit Card Number: _____

First Name on Card: _____

Last Name on Card: _____

Billing Street Address _____
(Billing address MUST appear as it does on your credit card statement)

Billing Address City: _____

Billing Address State: _____

Billing Zip Code: _____

Card Expiration Date: Month _____ Year _____

Card Security Code: _____ *

***Visa/MasterCard** Flip your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3-digit code. This 3-digit code is your Card Security Code.

Signature: _____ Date: _____

I hereby authorize Employment Record Service LLC to process monthly charges to the credit card listed for payment of fees, costs, and expenses which are incurred by authorized users. I agree to pay the amount charged in accordance with my credit card issuer agreement.

Please fax this completed Credit Card Authorization Form to 888 508 7600