

# Alpha Agency Credit Card Authorization

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## Credit Card Authorization



For your convenience and benefit, please fill out this credit card authorization form and return it to our office.

Name on Credit Card : \_\_\_\_\_ Visa MC AMEX Disc

Card Number: \_\_\_\_\_ Exp Date (MMYY): \_\_\_\_\_

C V V Number (Found on back of card ) \_\_\_\_\_ Amount to Charge \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

Contact Telephone : \_\_\_\_\_

**TERMS:** By signing this form, you agree to pay Alpha Agency for services rendered. CLIENT expressly acknowledges that fees for services are NOT contingent on the outcome or results of the above referenced investigation. **AGENCY MAKES NO WARRANTIES OR GUARANTEES OF ANY KIND, EXPRESS OR IMPLIED, AS TO THE RESULTS OF THIS INVESTIGATION. CLIENT IS PAYING SOLEY FOR THE TIME EXPENDED BY THE AGENCY.** No illegal or unethical services will be knowingly provided by AGENCY and CLIENT certifies that he/she/it is not knowingly requesting any illegal services. AGENCY reserves the right to decline or terminate, without advance notice, any assignment it deems to be illegal or unethical or in AGENCY's sole opinion detrimental to AGENCY. AGENCY will perform services in compliance with all state and federal laws, regulations and best practices. A Refund of any retainer amount NOT used will be made to the CLIENT upon completion.

*A processing fee of three percent ( 3% ) will be added to the retainer amount for credit card processing.*

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

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

**\*\*\*\*\* FAX completed form to us at (863) 808-0341 \*\*\*\*\***

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*For Office Use Only*

Date Received: \_\_\_\_\_

Card Processed: \_\_\_\_\_

Case Number: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

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