

CREDIT CARD AUTHORIZATION & VALIDATION FORM PLEASE PRINT CLEARLY!!!

This form is used to prevent credit card fraud. It is for your protection and for ours.

Please print this form, complete and fax (or mail) it to us with a photo copy of the front and back of the credit card you are using. Send this completed form to our fax number (or mail to address) below.

In lieu of my credit card imprint, I, _____ (name of cardholder as shown on credit card) agree that I ordered specific services from Surety 3 General Agency. I will honor these charges and further agree that my credit card was properly charged by Surety 3 General Agency for said services.. My credit card information is listed below. The total amount that I am obligated to pay is \$ _____ and authorize Surety 3 General Agency to charge my credit card listed above for these charges.

I agree not to dispute any charges to my credit card for services properly rendered according to the terms and conditions set forth herein.

Signature of Cardholder: _____ Date _____

Type of Investigation:

Land Line CNA \$65
International CNA \$465
Non-Pub # Search \$65
Cell # Locate \$160
Welfare Search \$200

Disconnected C.N.A \$65
Cellular Locator \$300
Employment \$175
Utility Search \$85
Statewide Bank \$475

Address Break \$45
Cell CNA \$65
P.O Box Search \$50
SSI Payment Search \$200
Other _____

ORDER FORM Fax to 1-904-677-5112

Card holder Name::		
Cell Phone Number:	Office Phone Number:	
Credit Card #:	CVC #:	Expiration Date:
Company Name:		
E-Mail Address:	Contact Person:	

**Subject Information
(enter required info):**

Your Ref #:		
Name:		
Social Security #:	Date of Birth:	
Phone #:	Cell #:	Cell Carrier Name:
Address:	City/State/Zip:	
Comments:		

All information will be delivered by E-Mail

**Surety 3 General Agency
625 Cassat Ave. Suite 2
Jacksonville, FL. 32205**

Thank you in advance for your time and consideration in this matter.