

CREDIT CARD AUTHORIZATION FORM

This form authorizes Armando Zatarain Investigations to charge to my credit card.

PLEASE FILL OUT THIS FORM AND FAX TO 877-734-5411 TO ARRANGE PAYMENT

NAME: _____

Print Cardholder Name: _____ Signature: _____

Address: _____

Phone #: _____

Credit Card Type:

_____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

Date of Approval: _____