

CREDIT CARD AUTHORIZATION FORM

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

Please fill out this form and scan/email to Bookkeeper LAURA VALOIS (Laurav@zatarainpi.com)

or FAX to (949) 612-0822.

If you have any questions please call Bookkeeper LAURA VALOIS AT (714) 390-3631.

**PLEASE NOTIFY YOUR CARD ISSUER TO EXPECT A CHARGE FOR \$ _____
FROM ARMANDO ZATARAIN INVESTIGATIONS.**

CARD HOLDER NAME _____

Signature _____

Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Email address: _____

Credit Card Type:

_____ Visa _____ Mastercard _____ Discover _____ Amex

CREDIT CARD NUMBER _____ - _____ - _____ - _____

Expiration Date _____ / _____

Billing Zip Code _____

Card Identification Number (last 3 digits on back of card or numbers on the front if Amex) _____

Amount Charged: \$ _____ **(USD)**

Date of Approval: _____