

ICU Investigations Credit Card Authorization Agreement Form

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DATE	DESCRIPTION	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal:		<input type="text"/>
Processing fee:		<input type="text"/>
TOTAL:		<input type="text"/>

I hereby authorize ICU Investigations to charge my credit card below for the above services. I have read, signed and agreed to the ICU Investigative Services Contract and have been provided a copy of ICU Investigation's Refund, Return and Cancellation Policy. I fully understand that if I dispute any charges after services have been initiated that I will be responsible for the full cost as outlined in the contract. I further agree that I am responsible for any fees that ICU Investigations may incur by legal counsel if I dispute these charges. I agree not to contest any charges to my credit card without notification to ICU Investigations. I am an authorized user of this credit card and understand that I can and will be prosecuted if I am unauthorized to use this card. My signature below acknowledges that I agree and will abide by these policies and procedures.

Credit Card

Visa
 Mastercard
 American Express
 Discover

Name on Card:

Credit Card Number:

Expiration Date:

Security Code: (on back)

Telephone:

Fax:

E-Mail Address:

Date of Birth:

 / /

Billing Street Address:

City:

State:

Zip:

Card Holder's

Signature:

Signature must be included to process!