

VISION INVESTIGATIVE SERVICES
CALIFORNIA PRIVATE INVESTIGATORS LICENSE #:PI10512
750 WEST JASMINE CIRCLE SANTA ROSA, CA 95407

Phone: 707-542-7755 Fax: 707-542-7766 email: info@privatecop.com

CREDIT OR DEBIT CARD AUTHORIZATION

Customer Name: _____

Address: _____

Phone number(s): _____

Purpose of exam(s): _____

Test location (city & state): _____

Circle one: | MasterCard | Visa | AmEx | Discover

Card number: _____

Exp. Date: _____

Card security code: _____ from back of card

Credit card billing name, address and phone if different than the information above:

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

CERTIFICATION: By submitting this order, I certify that I am over the age of 18 and I am authorized to make charges on the above credit or debit card. I hereby authorize Vision Investigative Services to charge \$_____ to this card. If this is a deposit for services, I understand that this fee is **non-refundable** unless the examiner does not offer me an appointment within 30 days from the date this credit or debit card transaction is approved. If I change my mind about the exam I agree to forfeit any deposits paid. I have also read and understand the cancellation and refund information from website: <http://privatecop.com/cancellation-refund-policy/cancellation-refund-policy.html> and agree to the conditions.

Signature of applicant: _____

Date submitted: _____

Either FAX or MAIL this document to above information