

CREDIT CARD AUTHORIZATION



PLEASE COMPLETE AND FAX TO

Evidence Recovery Specialist
Investigative and Process Services
PO. Box 8403
Port St. Lucie FL. 34985-8403

Fax # 772-618-6592

A 5% service charge will be applied to all credit card transactions

Name. _____
Address. _____
City. _____ State. _____ Zip Code. _____
Credit card number # _____
Date of expiration. _____
Dated. _____

I _____ do hereby authorize Evidence Recovery Specialist Investigative and Process Services, to charge the above credit card the sum of \$ _____ PLUS a 5% SERVICE CHARGE. For of services to be rendered.

Signature

Please retain this copy for your records

OFFICE USE ONLY

Authorization code _____

Reference _____