

INVESTIGATIVE SOLUTIONS LLC

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CREDIT CARD PAYMENT AUTHORIZATION

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name on the Credit Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Security Code*: _____

*(3 digit number on back right of the signature strip/ 4 on front of AMEX)

Billing Address: _____

Billing Add. City: _____

Billing Add. State and Zip: _____

I/ We understand that the Credit Card listed above will be charged for the amount reflected on the accompanying "Retainer Agreement." The amount stated on the retainer will not be exceeded without written or oral permission.

Authorized signature: _____

Date: _____

PLEASE SEND TO: jon@njprivateinvestigator.com or fax to (973) 857-4550