

CREDIT CARD AUTHORIZATION FORM

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

Please fill out this form and scan/email to SHELIA TRUJILLO fax to (949) 612-0822.

If you have any questions please call SHELIA TRUJILLO at (909) 213-1839.

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: _____