

CREDIT CARD AUTHORIZATION FORM

Company Name (<i>if applicable</i>):	Name on card:
Address:	City:
State:	Zip Code:
Telephone:	Email address:

Card Type: Visa MasterCard Discover
We do not accept American Express

Card Number: _____ Exp. Date: _____

Card Identification Number: _____ (Your card identification number is the 3 digit number located on the back of the credit card.)

Your credit card will be charged either \$15.25 **OR** \$70.00. The \$15.25 charge is for the initial background check. If possible records need to be researched, your credit card will be charged \$70.00

By checking this box, I authorize Inquiries Inc. to charge my credit card for only one of the charges listed above. This is a one-time charge. A copy of your credit card slip will be emailed to the email address listed above.

By signing this form, you authorize Inquiries Inc. to charge the credit card referenced above and you understand that your signature below will serve as an authorized signature on the credit card slip.

Name of Applicant: _____

Print Name of Authorized Card Holder: _____

Signature of Authorized Card Holder: _____ Date: _____

Inquiries , Inc. - P.O. Box 67, Easton, MD 21601 - P: 866-987-3767 - F: 866-887-3767

*To obtain a copy of your background check, mail your request letter to the address above.
 Please be sure to sign your letter and include a return address.*