

SOUTH DISTRICT INVESTIGATIONS
CREDIT CARD AUTHORIZATION

CREDIT CARD INFORMATION

Cardholder (As shown on card) _____

Visa MasterCard American Express Discover Other _____

Credit Card Number _____

Credit Card Expiration _____ Billing ZIP Code _____

YOUR INFORMATION

Your Name _____

Address _____

City/State/ZIP _____

I authorize South District Investigations to charge my credit card above for services agreed upon. I understand that this information may be retained for future transactions on my account.

Cardholder Signature _____ Date _____

OPTIONAL INFORMATION

Description of Services _____

Case/File Number _____ Amount \$ _____

SOUTH DISTRICT INVESTIGATIONS
P.O. Box 80536 | Rancho Santa Margarita, CA 92688-0536

Fax or email this form to:
(866) 455-6118 or info@sdivestigations.org