

CREDIT CARD AUTHORIZATION FORM

CARD TYPE

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER

V CODE (if applicable)

EXPIRATION DATE

MONTH: _____

YEAR: _____

AMOUNT

CARDHOLDER INFORMATION

NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

AUTHORIZATION

*CUSTOMER AUTHORIZES OLYMPIC PROCESS & INVESTIGATIVE SERVICES
TO CHARGE THE ABOVE CREDIT CARD IN THE AMOUNT STATED ABOVE.*

DATE: _____

X _____

CARDHOLDER SIGNATURE