



# PAYMENT AUTHORIZATION FORM

## PRIVILEGED AND CONFIDENTIAL

319 N. Washington St. #914 Owosso, MI 48867 • (989) 249-3931 • MI License: 3701-206437

### Client Information

Client Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

SSN#: \_\_\_\_\_

State License (if applicable): Type: \_\_\_\_\_ Number: \_\_\_\_\_ State of: \_\_\_\_\_

### Company Information (if applicable)

Name of Company: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Home-Based? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Please provide the following payment information: (Must Complete):

Visa     MasterCard     American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Preferred Payment Method:

**Please apply payment to our credit card**  
 Note: Credit Card payments are processed at the completion of services and the billing address must match billing address on file with the preferred credit card.

**Please Invoice (Net due within 30 days)**  
 Terms: Unless prior approval has otherwise been granted, we must have a credit card on file to secure credit and to establish all new accounts. Payment for Invoices not received within the 30-day payment terms will be applied to the credit card on file as listed above. If credit card transaction is declined, any outstanding amount may be referred to collections at the discretion of i2 Investigations.

Being the cardholder or authorized representative, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Slandala, Inc. d/b/a i2 Investigations to charge my credit card for the products and services provided. i2 Investigations will provide me with a copy of the invoice upon request. I further agree that in the event my credit card becomes invalid, I will provide i2 Investigations with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed i2 Investigations.

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date