



CREDIT CARD AUTHORIZATION FORM

I hereby authorize **Horizon Background Screening** to charge my credit card for services rendered:

Client Name: _____

Credit Card #: _____

Expiration Date: _____

Master Card or Visa -Please indicate the 3 digit # on back of card _____

American Express –Please indicate the 4 digit # on front of card _____

Name on Card: _____

Address on Card _____

Phone # on Card _____

Please Circle: Visa MasterCard American Express

I hereby certify that I am an authorized signer on this credit card account and will accept the charges for services rendered. A 3% Convenience Surcharge will be added to the Invoice Amount. **FURTHER, I UNDERSTAND THAT THIS CHARGE AUTHORIZATION CANNOT BE CANCELLED UNLESS PAYMENT IN FULL HAS BEEN RECEIVED FOR THE ACCOUNT BALANCE FROM ANOTHER SOURCE.**

The amount will not exceed: _____

Signature –Authorized Signer Client Name _____

Please email payment receipts to: _____

This information can be sent via:
E-Mail: accounting@horizonscreening.com FAX: 866-596-4891

