

CREDIT CARD AUTHORIZATION

(Please complete and return via fax to 323-466-4867)

Date: _____

Subject of Request _____

To: Hover_View_Investigations

1551 Cassil Place Date Received: _____ Los Angeles, CA 90028

File No.: _____

Hover View Investigations is the authorized agent for Eric Agaki, P.I.

From: _____

Your Name _____

Company Name

Credit Card Billing Address

City State Zip

Home Phone Work Phone

By this memo, I authorize Hover View Investigations to be paid for the transactions of the abovereferenced

company in the amount of _____ by using the credit card listed below.

MasterCard Visa American Express Discover

Credit Card Number

Exact Name as it Appears on the Card

Expiration Date

CVC Code

I understand the charge for the above service is non-refundable, non-revocable, and noncontestable.

I waive my right of refund and/or to dispute the charge.

By: _____

Authorized Signature for Credit Card

Date: _____