

# CREDIT CARD AUTHORIZATION

(Please complete and return via email to Eric@HVinvestigations.com)

Date: \_\_\_\_\_

To: Hover View Investigations, Inc.  
17130 Devonshire St, Suite 102  
Northridge CA 91325  
Phone: 818-707-0400

File No.: \_\_\_\_\_ Case #: \_\_\_\_\_

**Payment To: Hover View Investigations, Inc.**

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 above referenced 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 non-contestable. I waive my right of refund and/or to dispute the charge.

By: \_\_\_\_\_  
Authorized Signature for Credit Card

Date: \_\_\_\_\_