

CREDIT CARD AUTHORIZATION

(Please complete and return via fax to 818-851-9526)

Date: _____

To: Hover View Investigations, Inc.
28233 Agoura Road, Unit D
Agoura Hills, CA 91301

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 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: _____