

Credit Card Authorization form

40 Macomb Place Suite 201
Mt. Clemens, MI 48043
888.677.9700
Michigan Private Detective Lic. # PD-4268

Name as it appears on the card:

Card type:

Visa Master Card American Express

Mail address this card is billed to:

Card number:

Card expiration date:

____/____
MM / YY

Card verification number: _____

(on the back of the card there is a number,
the last three separate digits are the
verification number)

Amount to charge _____

Michigan residents _____
add 6% Tax on _____
non-service related items

Total amount _____

***** Charge on the card will appear as "A.S.G." *****

"I authorize Advanced Surveillance Group, Inc. and it's
representatives, to process a charge on the above
account, for deposit into the agency account and credit
any outstanding invoices, as follows:"

Card holder's signature:

Date: _____

Your credit card will be verified with the bank prior to
commencement of your requested services and the
release of any information.