



## Credit Card Authorization Form

Name: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

CSC Number: \_\_\_\_\_ (found on the front of the Amex and on the back of the Visa and MasterCard)

Products to be purchased: \_\_\_\_\_

Price: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize Armor Background Screeners to charge my purchase to the above credit card for the account listed above. I certify that I am the authorized cardholder of record and that I have full authority to make purchases on behalf of the account listed above. I understand that Armor Background Screeners will charge my credit card through pay junction, an online secure credit card processor, and will provide me with a receipt for the charges.

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Signature

Date