Credit Card Authorization

Please complete the following information and return to Oschmann Employee Screening Services in order to authorize payment by credit card:

| | American Express | Discover Card | M | aster Card | Visa |
|--|--------------------|---------------|--------|------------|------|
| Card | Number: | | | | |
| Name | e on Card: | | | | |
| Expir | ation Date: | / | | | |
| Security Code (3 digits on back of card or 4 digits on front of AE): | | | | | |
| Card | Billing Address: | | | | |
| City: | | | State: | Zip Code: | |
| Billin | g Phone #: | | | | |
| Auth | orizing Signature: | | | | |

