



Nationwide Investigations and Security, Inc.

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Tel: 713-587-9600 • Fax: 832-553-7414 • Emergency: 1-800-294-6042

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Phone Number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on back or 4 located on front of AMEX)

Amount to Charge: \$ _____ (USD)

Please keep this credit card on file for future payments.

I authorize _____ Nationwide Investigations & Security, Inc.
to charge the amount listed above to the credit card provided herein. I agree
to pay for this purchase in accordance with the issuing bank cardholder
agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____