



Surveillance Specialist Group

PO Box 2296 Brandon Florida 33509
877.787.7075

CREDIT CARD AUTHORIZATION FORM

Date _____

CREDIT CARD INFORMATION

Check One: Discover MasterCard Visa American Express

Card Holder's Name _____

Card Holder's Billing Address _____

Credit Card Number _____

Expiration Date _____ Security Code _____

(3 digit number found on back of card) 4 digit for AMEX

Amount \$ _____

Card Holder's Signature _____

I, hereby authorize Surveillance Specialist Group to charge the credit card above. I understand that the charge will appear on my credit card from Surveillance Specialist Group.

PLEASE FAX THIS FORM TO to 888-753-3464
OR EMAIL TO CLIENT.SERVICES@SSGLLC.ORG