

Credit Card Authorization Form

Company Name on Card: _____

Card Holders Name: _____

Billing Address: _____

Credit Card Type: Visa Master Card Discover American Express

A 4% service charge will be added to American Express Cards. Please initial to acknowledge this additional 4% Charge. _____

Credit Card Number: _____

Expiration Date: _____

Card ID Number: _____

The last 3 numbers on the back or the 4 on the front for Amex

Amount: \$ _____

I authorize Subsurface Imaging, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Name: _____

Signature: _____

Date: _____

May we keep this card on file for future transactions? Yes No

Once signed, please return the completed form to:

Subsurface Imaging, Inc.

Attn: Kelly Smith

ksmith@concreteinspectors.com

Or fax to 310-781-9413