

CREDIT CARD AUTHORIZATION

(Please complete and return via fax to 510-295-2569)

DATE: _____

SUBJECT OF REQUEST

TO: THEIA INVESTIGATIONS

RECEIVED:

INVOICE NO.: _____

FROM: _____

YOUR NAME

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

BY THIS MEMO, I AUTHORIZE THEIA INVESTIGATIONS TO BE PAID FOR THE TRANSACTION OF THE ABOVE-REFERENCED COMPANY IN THE AMOUNT OF _____ BY USING THE CREDIT CARD LISTED BELOW.

MASTERCARD VISA

CREDIT CARD NUMBER

EXACT NAME AS IT APPEARS ON THE CARD

EXPIRATION DATE

3 OR 4 DIGIT CARD CODE

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE.

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

DATE _____