

Credit Card Payment Authorization

Auto-Debit:	I hereby authorize CheckFundManager LLC to bill my Visa, MasterCard, Discover, or American Express card the full amount of all purchases or any monthly invoice which is due and owing by me or my company to CheckFundManager LLC, or CheckFundManager.com.
Printed Name on Card:	
Contact phone:	<input type="text"/> Fax: <input type="text"/>
Email address:	
Company Name:	
Billing Address of Cardholder:	
City:	<input type="text"/> State: <input type="text"/> Zip:
Card Number:	
Expiration Date:	Month/Year: <input type="text"/>
Terms and Conditions:	This fee is being collected as payment or prepayment for services rendered, and not for the delivery of a product. Due to the nature of public records searching, results are not predictable. Any credits or refunds issued are solely at the discretion of CheckFundManager LLC. I, the undersigned, HEREBY AUTHORIZE CheckFundManager to WITHDRAW FUNDS from my credit card account.
Cardholder Signature:	
Today's Date:	<input type="text"/>

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