

**Credit Card Authorization form**

P.O. Box 380858  
Clinton Township, MI 48038  
888.677.9700  
Michigan Private Detective Lic. # PD-4268

Name as it appears on the card:

\_\_\_\_\_

Card type:

Visa    Master Card    American Express

Mail address this card is billed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card number:

\_\_\_\_\_

Card expiration date:

\_\_\_\_/\_\_\_\_  
MM / YY

Card verification number: \_\_\_\_\_

(on the back of the card there is a number,  
the last three separate digits are the  
verification number)

\_\_\_\_\_

Amount to charge \_\_\_\_\_

Michigan residents \_\_\_\_\_  
add 6% Tax on \_\_\_\_\_  
non-service related items

Total amount \_\_\_\_\_

**\*\*\* Charge on the card will appear as "A.S.G." \*\*\***

"I authorize Advanced Surveillance Group, Inc. and it's  
representatives, to process a charge on the above  
account, for deposit into the agency account and credit  
any outstanding invoices, as follows:"

Card holder's signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Your credit card will be verified with the bank prior to  
commencement of your requested services and the  
release of any information.