



Credit Card Authorization Form

Fax to Argus Search – Toll Free 866-276-8819

Card Type: <small>please circle</small>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Name on Card:
Company Name:
Card Number (16 digits):
3- or 4-Digit CCV Code: *
Expiration Date:
Zip Code:

I AUTHORIZE ARGUS SEARCH, INC. TO CHARGE THIS CREDIT CARD FOR ANY APPLICABLE FEES FOR THE USE OF THEIR SYSTEM.

Cardholder Signature: _____ Date _____

* The Credit Card Verification Number can be seen on the back of the card. We ask for this so that we know you physically hold the card.