ACCURATE™
Background Check, Inc.

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO:
Orders@BKChecks.com

Name on Card: _____

Billing Address: _____

_____

Credit Card Type: VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ OTHER ☐

Credit Card #: _____

Expiration Date: _____ Security Code: _____ (3 digits back of card / 4 digits front if AMEX)

Amount to be charged: _____ (USD)

Reason for charge: (Pls list Invoice#(s) and or Applicant Names)

- Invoice(s)# _____
- Livescan Fingerprinting _____
- Tenant Screen _____
- Background Check Package_____
- Drug Testing _____
- DNA Testing _____
- Private Investigation _____
- Mitigation (Death Penalty Case)_____
- Other _____

I authorize ACCURATE BACKGROUND CHECK, INC to charge the amount listed above to the credit card provided herein. I agree to pay for this charge in accordance with the issuing bank's cardholder agreement. I understand that this payment is NON-REFUNDABLE. By signing this document, I authorize ACCURATE BACKGROUND CHECK, INC to charge my credit card pursuant to above information.

Date: _____

Cardholder Signature:
_____

Cardholder Name (Type):
_____

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