



Surveillance, Resources & Investigations, LLC

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Authorization Agreement For Automatic Credit Card Payments

PAY CURRENT INVOICE AND KEEP ON FILE FOR ALL FUTURE INVOICES

PAY ONLY INVOICE # _____ AMOUNT \$ _____

By signing below I authorize SR&I, LLC to initiate credit entries and if necessary, adjustments, to the credit card indicated below for the payment of fees related to the SR&I, LLC services. If automatic payment on future invoices option is selected, then this authorization will remain in force until SR&I, LLC. receives written notice of its termination.

Authorized Signature _____ Date: _____

Title: _____

Company Name: _____

Credit Card Information: (check your choice)

VISA **MASTER** **DISCOVER**

Credit Card Number: _____ **Exp.** ____ / ____

Name on Card: _____ **CVV:** _____

Card Billing Address: _____

Street

City

State

Zip

Telephone: (____) _____

* Please note " PayPal * SR&I, LLC " will appear on your credit card statement. Please fax completed form to 864-232-4140.