



Surveillance, Resources & Investigations, LLC

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Credit Card Billing Authorization

Thank you for choosing SR&I, LLC.

Please print clearly

Name of Student: _____

Name of College: _____

Program or Dept: _____

Last 4 # of SSN: _____

I authorize **SR&I, LLC.** to charge my credit card in the amount of \$ _____
for academic background screening services and drug testing services.

VISA

MASTERCARD

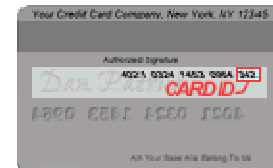
DISCOVER

Credit Card #:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Exp. date _____ / _____

CVV: _____



Name On Card: _____

Card Billing Address: _____

Street

City

State

Zip

* Fraudulent card information will be reported to law enforcement agencies as well as credit reporting bureaus immediately.

I hereby authorize SR&I, LLC. to charge the above credit card for services. I understand that should the information I provide be incorrect or denied by credit card financial institution, I will be responsible for making payment via alternative methods and could be charged a \$5.00 processing fee.

Cardholder Signature: _____ Date ____/____/____

PLEASE REMEMBER TO SUBMIT YOUR BACKGROUND SCREENING AUTHORIZATION FORM ALONG WITH YOUR PAYMENT via Fax : 864-232-4140 or e-mail **signed** copy to mfrancis@srandi.com or mail to: SR&I, PO Box 5106, Greenville, SC. 29606I