



I hereby authorize CLS Enterprises of Lockport, Inc. to charge the credit card listed below for payment of Live Scan Fingerprinting fees plus a \$2.00 card processing fee. I certify that I am authorized to sign this form and I am the owner of the credit card listed below.

Individual to be fingerprinted:

Name: _____

Reason for Fingerprinting:

_____ State Requirement _____ Other _____

Credit Card Type: AMEX _____ MasterCard _____ Visa _____

Name on Card: _____

Billing Address for Card: _____

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code** _____ (required)

Customer Signature _____

Your completion of this authorization form helps us to protect you from credit card fraud. CLS Background Investigations will keep all information entered on this form strictly confidential.

** Most credit cards display the VID code on the back of the card, just above the signature and at the end of the regular account number.

Your card will be charged at the time you make your appointment. CLS has a no refund policy for missed appointments. **Return Fax to: 815-836-0259.**