

# EPIS

Empire Pacific Investigative Svcs. Inc.



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NAME AS IT APPEARS ON THE CARD:

CREDIT CARD TYPE

VISA       MASTERCARD

MAILING ADDRESS, THIS CARD IS BILLED TO

CREDIT CARD NUMBER:

CREDIT CARD EXPIRATION DATE:

\_\_\_\_ / \_\_\_\_  
MM      YY

CREDIT CARD VERIFICATION NUMBER:

(On the back of the card there is a number, the last three separate digits are the verification number)

AMOUNT TO CHARGE \_\_\_\_\_

"I AUTHORIZE EMPIRE PACIFIC INVESTIGATIVE SERVICES INC., AND ITS REPRESENTATIVES, TO PROCESS A CHARGE ON THE ABOVE ACCOUNT, FOR DEPOSIT INTO THE AGENCY ACCOUNT AND CREDIT ANY OUTSTANDING INVOICES, AS FOLLOWS.

TOTAL AMOUNT: \_\_\_\_\_

CREDIT CARD HOLDER'S SIGNATURE:

Date: