

**Baechler Investigative Services**  
**4910 70<sup>th</sup> St.**  
**San Diego, CA 92115**  
**(619) 464-5600 FAX: (619) 464-5651**

Instructions: Please complete this authorization completely. You may select highlight fields in the upper right hand corner of your screen to display the fields. Please Fax, arrange BIS Messenger pickup, or mail it to BIS. **Protect your privacy - Do Not Email this information.**

Credit Card Authorization

Please note: *All charges will be displayed as BIS Inc. on your credit card invoice.*

I hereby authorize Baechler Investigative Services, or its subsidiary companies to charge my credit card for services.

VISA     MASTERCARD

**Information exactly as it appears on Credit Card:**

Name: \_\_\_\_\_

Address (from Credit Card Statement) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number on file with Credit Card Provider: (      ) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVC# (3 numbers on back) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*NOT TO EXCEED AMOUNT: \$ \_\_\_\_\_  Not Applicable

*\* In the event a Not to Exceed amount is selected, your charge amount will not exceed that limit, however your request for service may be delayed, pending a new authorization form, if additional charges are necessary due to unexpected expenses such as court filing fees, or other charges.*

I hereby authorize the use of my credit card for charges incurred to Baechler Investigative Services, or its subsidiaries. A facsimile copy of this form will serve as an original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_