



**CREDIT CARD AUTHORIZATION**

Date: \_\_\_\_\_

CCI Client Code: \_\_\_\_\_

I hereby authorize Credit Communications Inc. to charge my credit card (type)

\_\_\_\_\_ Card # \_\_\_\_\_,

for charges incurred for credit reporting services. This charge will be processed automatically upon the receipt of your order.

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

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

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

Expiration Date: \_\_\_\_\_

Cardholder's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**FAX BACK TO: 1.800.303.9203**