



Nationwide

BACKGROUND CHECKS

CREDIT CARD PAYMENT AUTHORIZATION FORM

By signing this form you give us permission to process charges against the indicated credit card account. This is permission for per-use &/or daily charges incurred through the use of Nationwide Background Checks' screening tools, either online or via our office.

Please notify our office immediately if the card information changes or the address associated with this credit card changes.

Card Type: VISA _____ MASTERCARD _____

Card Number: _____ - _____ - _____ - _____

Exp. Date: ____ / _____

Name on Card: _____

Address Associated with This Credit Card:

CVV Code (on reverse of card): _____

Cardholder Initials: _____

I certify that I am either the cardholder or an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. Further, I understand that it is my responsibility to promptly notify Nationwide Background Checks of any billing discrepancies within 10 days.