

Case Breakers, Inc.
1440 Coral Ridge Dr. #247
Coral Springs, FL. 33071

Credit Card Payment Authorization Form

Sign and complete this form to authorize Case Breakers, Inc. to make debits to your credit card listed below for record search services requested.

By signing this form you give Case Breakers, Inc. permission to debit your credit card account for services performed.

Please complete the information below:

I _____ authorize Case Breakers, Inc. to charge my credit card
(full name)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for services described above. I certify that I am 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.

Please fax this form to: 954-827-0133 or E-mail to: info@casebreakers.com