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## Credit Card Authorization Form

*(Please fill in the form below and return it to us)*

By signing this form I authorize IJD Inspections Ltd. to charge my credit card for the fees associated with safety code permits I have applied for. I certify that I am an authorized user of this credit card .

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

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Cardholder Name* _____
Card Number* _____
Expiration Date (MM/YY)*    ____ / ____
CVV* (3 digit number on back of Visa/MC, 4 digits on front of AMEX)    _____
Billing Address: _____
_____
_____
<small>* Obligatory fields.</small>

CARDHOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_