



365 E. Avenida de los Arboles, Ste 1001 Thousand Oaks, CA 91360
877-700-9443 phone | 805-830-0327 fax | customerservice@allstatebackgrounds.com

Credit Card Authorization

Credit Card # _____

Expiration Date: _____ **Type (Visa, M/C, Amex):** _____

Name on card: _____

Billing address for card: _____

City/State/Zip: _____

Company Information

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

E-mail: _____

Authorized Signature: _____

I understand by signing this agreement that I authorize Allstate Background Screening Inc. to charge my credit card for all authorized services and/or products. I also understand that there are no refunds on services and/or products.

I would like my final reports to be: _____ **faxed** _____ **e-mailed**