



1356 43rd Street Sacramento, CA 95819  
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### 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**