



2446 Curie Court  
Herndon, VA 20171  
(703) 473-5443

### Credit Card Payment Authorization Form

Sign and complete this form to authorize ICQ Investigation Firm, LLC to debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This also constitutes as permission to debit the credit card listed below moving forward for any past due balance owed to ICQ Investigation Firm, LLC.

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#### Please complete the information below:

I \_\_\_\_\_ authorize ICQ Investigation Firm, LLC to charge my credit card  
(Full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (Date)

\_\_\_\_\_  
(Description of services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 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 the goods/services described above, for the amount indicated above & any past due balance on any future date. 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.