



Pre-Employment & Tenant Screening

Stealth Partners, Inc., 115 Los Altos ST, Channel Islands Harbor, CA 93039 USA

Office: (877)798-7025 FAX: (877)739-5101

E-Mail: Dave@StealthPartners.com

Web: <http://www.StealthPartners.com/>

To have your credit card charged for our services, we MUST have the following signed authorization on file. Accounts will be charged on the invoice date. There is no surcharge for using credit cards as a form of payment.

Please choose your payment preference:

Card Type: MC _____ Visa _____ AMEX _____

Name as it appears on card: _____

Billing Address: _____

Billing City: _____

Billing State & Zip Code: _____

Billing Country: _____

Card Number: _____

Exp Date: _____

Security Code on Card: _____

I authorize Stealth Partners, Inc to charge the credit card listed above for any charges related to investigative services I've contracted them for.

Accepted this date: _____

Signature: X _____

Typed or Printed Name: _____