



# Surveillance, Resources & Investigations, LLC

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## Credit Card Billing Authorization

Thank you for choosing SR&I, LLC.

Please print clearly

Name of Student: \_\_\_\_\_

Name of College: \_\_\_\_\_

Program or Dept: \_\_\_\_\_

Last 4 # of SSN: \_\_\_\_\_

I authorize **SR&I, LLC.** to charge my credit card in the amount of \$ \_\_\_\_\_  
for academic background screening services and drug testing services.

VISA

MASTERCARD

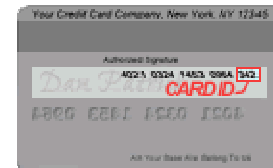
DISCOVER

Credit Card #:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Exp. date \_\_\_\_\_ / \_\_\_\_\_

CVV: \_\_\_\_\_



Name On Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Street

City

State

Zip

\* Fraudulent card information will be reported to law enforcement agencies as well as credit reporting bureaus immediately.

I hereby authorize SR&I,LLC. to charge the above credit card for services. I understand that should the information I provide be incorrect or denied by credit card financial institution, I will be responsible for making payment via alternative methods and could be charged a \$5.00 processing fee.

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE REMEMBER TO SUBMIT YOUR BACKGROUND SCREENING AUTHORIZATION FORM ALONG WITH YOUR PAYMENT via Fax : 864-232-4140 or e-mail **signed** copy to [denise@srandi.com](mailto:denise@srandi.com) or mail to: SR&I, PO Box 5106, Greenville, SC. 29606I