



PO Box 22136 Alexandria VA 22304

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize LIA Security and Investigations LLC to make a one-time 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 permission is for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I \_\_\_\_\_ authorize LIA Security and Investigations LLC to charge my  
(First and Last Name)

credit card account indicated below on or after \_\_\_\_\_.

This payment is for \_\_\_\_\_ (Amount) \_\_\_\_\_ (Date)

Four horizontal lines for providing credit card account information.

(Description of Goods/Services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  
Cardholder Name \_\_\_\_\_  
(As it appears on the card)  
Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ (mm/yy)  
CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

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 only, and is valid for one time use only. 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.