

Background Resources, Inc.

29W120 Butterfield Suite #103B Warrenville IL 60555

Phone: 630-873-2270 Fax: 630-657-1801



Customer ID

Credit Card Type: AMEX () VISA ()

Your Name on Card: _____

BR-____





I hereby authorize Background Resources, Inc to charge the credit card listed below for payment of fees for services provided. I certify that I am authorized to sign this form and owner of credit card listed below.

MasterCard ()

Billing Address for Card	l:			
City:		State:	Zip:	
Home Phone:	Da	aytime Phone:		
Credit Card Number				
Expiration Date/	V	ID Code**	_	
Customer Signature				
Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Background Resources, Inc will keep all information entered on this form strictly confidential				
** Most credit cards display the code on the back of the card, just above the signature and at the end of the regular account number.				
For Office Use Only:				
DATE:	AMOUNT:	APPROVAL (CODE:	