Payment Authorization

For YOUR protection, incomplete Payment Authorization Forms will not be processed.
All information will be verified before charges are made to your credit card.

1. Billing Process

Monthly Auto-Debit	☐	I hereby authorize Tracers Information Specialists, Inc. to charge the below-listed credit card each month for our system usage.

After the 1st of each month, our automated system will process a credit card payment, for the previous month's use, using the information you have provided. A copy of your paid invoice will then be emailed to you. It is highly recommended that you print a copy of this invoice for your accounting records. Please make sure to add accounting@tracersinfo.com to your email address book, so that invoices will be received.

To view the details of your monthly invoice, please log in to your www.tracersinfo.com account and then click on "my account." Once there, mark the radial button next to "Other" and enter the dates for the month you'd like to view (for example, August 1 through August 31); then click "show details." This will list all the searches you and your users have performed during the month. The total at the bottom of your screen should match the total of your invoice. From this screen you may also review your search results and, if you choose, print the page(s) to attach to your invoice for record keeping purposes.

2. Provide Your Credit Card Information

Credit Card #:	-- -- --	**Expiration Date:**	/
Name on Card:			

3. Supply Us With Complete Cardholder Address Information

Billing Address:					
City:		**State:**		**Zip:**	
Phone:		**Fax:**			
E-mail:					
Signature:					

4. Photocopy A Government-Issued ID Containing Your Signature Below

Please place your ID in this box before photocopying this form.

We recognize that your time is valuable, and nobody likes unnecessary bureaucracy. Please accept our assurance that the information we request from you is used to ensure that your identity is not being used fraudulently.

The extra steps we take to verify our customers' identities helps to keep our data secure, which helps us to maintain your access to current, complete information such as full SSNs.

We appreciate the time you've taken to supply us with the information we need in order to keep supplying you with the information you need.

5. Fax Completed Payment Authorization Forms to 877-820-8126.

Have you supplied ALL the requested information?
Incomplete Forms or Forms that do not include photocopies of a government-issued identification card (such as driver's license or passport) will NOT be processed.

User ID:		*Date:*	