

Diogenes LLC

Credit Card Debit Authorization Form

I authorize DIOGENES LLC to charge my credit card account a dollar amount of \$_____ for initial payment of Private Investigative and/or Consulting Services, contracted this _____ day of _____, 2010. This authorization also allows DIOGENES LLC to charge the Cardholder's credit card account additional amounts for any current and future charges incurred for any and/or all services rendered during this assignment. No further written payment authorizations are required for future charges. Credit card payments are assessed a 4% convenience fee. I agree to have said fee added to the total amount of my credit card transaction.

The cardholder agrees to immediately reimburse DIOGENES LLC any and all direct and/or indirect fees, charges, penalties, legal expenses, court costs, collection costs, and similar expenditures if the transaction is charged backed or otherwise reversed in addition to the original charged amount.

Cardholder's Name (please print or type)

Cardholder's Signature

Type of Card (please circle) Visa MasterCard AmEx Discover

Account Number: _____

Expiration Date: _____

Billing Address: _____

CVV/Security Code: _____

City/Town, State: _____

Zip Code: _____

Cardholder's Phone Number(s) _____ (work) _____ (home)

Cardholder's Date of Birth: _____

Driver's License No.: _____

Cardholder's Social Security Number: _____

Cardholder's Employer: _____

Note: If faxed, please attach a legible photocopy of the credit card (front and back) AND state issued license or identification (United States) or Passport (Foreign Jurisdictions).