



GRYPHON CONSULTING SERVICES, LLC

Investigations Division Credit Card Authorization Form

Date: _____

SUBJECT OF REQUEST: _____

To: **Gryphon Consulting Services, LLC**
Attn: **Mario Bertuccelli**
PO Box 6508, Scottsdale, AZ 85261
Telephone: (623) 776-6434

PROCESSED: _____

INVOICE NO: _____

FROM: _____
YOUR EXACT NAME AS IT APPEARS ON YOUR CREDIT CARD

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY

STATE

ZIP CODE

HOME or CELL PHONE

WORK PHONE

YOUR EMAIL ADDRESS

BY THIS MEMORANDUM AND AUTHORIZATION, I ORDER THAT GRYPHON CONSULTING SERVICES, LLC BE PAID FOR THE TRANSACTION OF THE ABOVE REFERENCED INDIVIDUAL / COMPANY IN THE AMOUNT OF DOLLARS

_____, (\$ _____),

BY USING MY CREDIT CARD SPECIFIED AS: Visa American Express MasterCard

CREDIT CARD NUMBER

3- OR 4-DIGIT SECURITY CODE

EXPIRATION DATE

I UNDERSTAND AND ACKNOWLEDGE THE CHARGE I HEREBY AUTHORIZE FOR THE ABOVE SPECIFIED SERVICES. I FURTHER ACKNOWLEDGE THAT THIS PAYMENT TO GRYPHON CONSULTING SERVICES, LLC, WILL BE PROCESSED AS THE CHARGING COMPANY ON MY CREDIT CARD BILLING.

X _____

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

DATE

PLEASE RETURN VIA EMAIL SIGNED FORM TO Mario@GryphonConsultingServices.com

PO Box 6508 | Scottsdale | Arizona | 85261 · Phone (480) 770-4644
Website: www.GryphonConsultingServices.com
Email: Mario@GryphonConsultingServices.com