

Billing Information Form

Fax to: 239-593-0968

Thank you for choosing Background Solutions Online.

As a part of our quick approval and payment protection plan, we require your credit card information. Instead of completing a lengthy Account Application Form, we have created this quick account approval system.

Please choose from the following options (check your choice).

- Please invoice and hold the credit card number as a payment guarantee. *
I also authorize **Background Solutions Online** to charge the card **30 days** from the invoice date if payment is not satisfied.
- Please charge the credit card and send me a detailed receipt. *
Background Solutions Online is authorized to charge my credit card for services that I have requested for my company.

Credit Card Information: (check your choice)

- Visa MasterCard American Express Discover PayPal

Credit Card Number: _____ **Exp.** ____ / ____

Name on Card: _____ **Security Code:** _____

Card Billing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Name of Company: _____

Tax ID# (TIN) or SSN: _____

* The card number and your company information will be verified within few hours. In order to verify your credit card and company information, credit information or report will be accessed and verified.

* Fraudulent card information will be reported to law enforcement agencies as well as credit reporting bureaus immediately.

I hereby agree to the Service Agreement which I have electronically signed and submitted as well as the above terms and conditions. I also authorize Background Solutions Online to charge the payment according to the choice I made from options above.

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Background Solutions Online

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