



473 S River Rd #1-275, St George, UT 84790 • 877-986-1200 • icuprocessservice@gmail.com

**CREDIT CARD AUTHORIZATION**

Company/Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expire Date: \_\_\_\_\_ CCV # \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card Fee x 3.2% \_\_\_\_\_

Total \$ \_\_\_\_\_

Cardholder hereby authorizes ICU Investigations, LLC to charge the above listed credit card for Civil Process Service or Investigation Services.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_