

# Oregon Association of Licensed Investigators, Inc.

## Credit or Debit Card Payment Authorization Form

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Please complete, sign and date this form to authorize Oregon Association of Licensed Investigators, Inc to make a one-time debit or credit card transaction charge for the amount below on the card listed.

I, \_\_\_\_\_ hereby authorize Oregon Association of  
(Print Full Name)  
Licensed Investigators, Inc to charge my below listed Credit Card or Debit Card for the total amount of  
\$ \_\_\_\_\_, for the payment of:

Non-refundable Membership Application Fee (ANNUAL DUES AMOUNT).

TYPE OF CARD:     VISA                       MasterCard                       Discover

Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

CVV2 (Security number from back of card): \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Company name: \_\_\_\_\_

Billing address for card: \_\_\_\_\_

\_\_\_\_\_  
(City)    (State)    (Zip Code)

\_\_\_\_\_  
(Signature)    (Date)