



Toll-Free: 800.463.0444 | Tel: 818.785.5831
Fax: 818.785.7801

Central Station: 1500 Glenoaks Blvd.
San Fernando, CA 91340

Web: www.securityspecialists.pro
PPO No: 14384

Credit Card Authorization Form



I, _____, agree to allow Security Specialists to charge me a total monthly fee of \$ _____ beginning on ____/____/____,

- ONE (1) MONTH IN ADVANCE
- THREE (3) MONTH S IN ADVANCE
- SIX (6) MONTHS IN ADVANCE
- TWELVE (12) MONTHS IN ADVANCE

Credit Card Information

Card Holder Name: _____

Card Type: Visa MasterCard Amex

Card Number: _____

Expiration Date: ____/____/____

Security Code: _____

Billing Address, City, State & Zip Code _____

Phone Number _____

Signature: _____ Date: ____/____/____

***PLEASE FAX OR EMAIL COMPLETED FORM:**

Fax: 818.785.7801

Email: Info@securityspecialists.pro