



GLOBAL POLYGRAPH NETWORK

CREDIT OR DEBIT CARD AUTHORIZATION

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Phone number(s): _____

Purpose of exam(s): _____

Test location (city & state): _____

Circle one: Mastercard Visa AmExp Discover

Card number: _____

Exp. Date: _____ Card security code: _____

Credit card billing name, address and phone if different than the information above:

CERTIFICATION: By submitting this order, I certify that I am over the age of 18 and am authorized to make charges on the above credit or debit card. I hereby authorize Global Polygraph Network to charge \$ _____ to this card. If this is a deposit for services, I understand that this fee is **non-refundable** unless the examiner does not offer me an appointment within 30 days from the date this credit or debit card transaction is approved. If I change my mind about the exam I agree to forfeit any deposits paid.

Signature of applicant: _____

Date submitted: _____

Either MAIL this document to Global Polygraph Network, PO Box 4444, Elmira, NY 14904 or FAX to us at 607.398.9062 for faster handling