



# Surveillance, Resources & Investigations, LLC

1300-D East Washington Street  
Greenville, SC 29607

Toll: 866-621-1109  
Tel: 864-232-4144

Fax: 864-232-4140  
E-mail: srllc@srandi.com

## Billing Authorization

Thank you for choosing SR&I, LLC.

Name of Student: \_\_\_\_\_

Name of College: FURMAN UNIVERSITY

Program or Dept: \_\_\_\_\_

Last 4 # of Social Security #: \_\_\_\_\_

I authorize **SR&I, LLC.** to charge my credit card in the amount of \$ 35.00 for academic background screening service.

**Credit Card Information:** (check your choice)

VISA     MASTER     DISCOVER

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Name On Card: \_\_\_\_\_ CVV: \_\_\_\_\_ (security code)

Card Billing Address: \_\_\_\_\_

Street

City

State

Zip

E-mail Address (will forward payment receipt) : \_\_\_\_\_

Contact telephone #: (optional) : \_\_\_\_\_

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

I hereby authorize SR&I,LLC. to charge the above credit card for services. I understand that should the information I provide be incorrect or denied by credit card financial institution, I will be responsible for making payment via alternative methods and could be held responsible for \$5.00 processing fee.

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_