Business Integrity Commission

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New York, NY 10007

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# Direct Payment Authorization Form

Date of Transaction: _____

Company Name: _____

License/Reg. File #: _____ Type: _____ TW Violations #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

## Credit Card Payment

Name of Card Holder: _____

Credit Card Type: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Account #: _____
(15 to 16 digits)

Credit Card Expiration Date: _____

Security Code: _____
(3 to 4 digits)

Amount to be Charged: $ _____

Authorization #: _____

I agree to pay the above total amount according to card issuer payment authorization.

_____ _____
Signature of Card Holder Date

BIC OFFICE USE ONLY

BIC Employee Name: _____ Date: _____