



# VERIFICATION OF EMPLOYMENT CREDIT CARD AUTHORIZATION

Select One:  Visa  Mastercard  American Express  Discover

Today's Date:

VOE requested by:

Contact number:

Email address completed VOE will be sent to:

N Name on credit card:

Cardholder's billing address:

Credit Card Number:

Expiration Date:

\*CVV code::

*\*Discover, Mastercard & Visa - 3 digit CVV code (card verification value) on the back of the card.*

*\*American Express - 4 digit CVV code (card verification value) on the front of the card.*

**Amount of credit card transaction: \$**

**Cardholder's signature authorizing transaction:** \_\_\_\_\_

*Please sign above as authorization to bill your credit card for the indicated amount of the transaction.*

**American Compliance Solutions, Inc. charges \$19.00 per verification of employment.**

**Names of employees VOE is for:**

Receipt requested:  Yes  No

If yes, provide email address where receipt will be sent to: \_\_\_\_\_

**Please fax back along with employee authorization to: 619-334-3792**

or

**Email back along with employee authorization to: [info@amcompsol.com](mailto:info@amcompsol.com)**

1614 Pioneer Way, El Caion CA 92020 \* 619-312-1545 \* [www.amcompsol.com](http://www.amcompsol.com)