

SUBSURFACE IMAGINGSM

CONCRETE CUTTING SOLUTIONS

16257 Illinois Avenue. Paramount, California 90723

Office: (310) 781-9405 • Fax: (310) 781-9413 • www.concreteinspectors.com

Company Name on Card: _____

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Billing Address: _____

Credit Card Type:

Visa Mastercard Discover American Express A 4% service charge will be added to American Express Cards. Please initial to acknowledge this additional 4% Charge. **Initials:** _____

Credit Card Number: _____

Expiration Date: _____ Card ID Number: _____ The last 3 numbers on the back or the 4 on the front for Amex

Amount: \$_____ Please note, a \$600.00 cancelation fee will be charged to the card if our crew is canceled by your company after being dispatched to the jobsite. **Initials:** _____

I authorize Subsurface Imaging to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Name: _____

Signature: _____

Date: _____

May we keep this card on file for future transactions? Yes No

Once signed, please return the completed form to: Subsurface Imaging
Attn: Stella Romo AR@concreteinspectors.com