



**FORMER SECRET SERVICE AGENT - PRESIDENTIAL PROTECTION, THE WHITE HOUSE**  
**YOUR SINGLE GLOBAL SOURCE FOR SECURITY CONSULTING, PRIVATE INVESTIGATIONS,  
TECHNICAL SURVEILLANCE COUNTER-MEASURES AND EXECUTIVE PROTECTION**  
**(888) 831-0809 INFO@LASORSA.COM WWW.LASORSA.COM**

## Credit Card Authorization Form

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Service Requested \_\_\_\_\_

Credit Card # \_\_\_\_\_

Card Type \_\_\_\_\_ **Note: American Express  
cards are not accepted**

Expiration: \_\_\_\_\_ CCVC Code: \_\_\_\_\_

My name entered in the signature box below, authorizes LaSorsa & Associates to charge my credit card listed above, in full payment of any and all invoice balances and fees which have been, are or will be outstanding, including any additional expenses associated with credit card transactions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date