



Network Credit Services

"Your Credit Reporting Specialists" a division of  **SARMA**
Specialty Accounts Reporting & Management

Business Credit Report Request

Name: _____

Address: _____

Previous Address: _____

Owner's Name/Title: _____

Tax ID #: _____

Year Company Established: _____

Person to contact for payment:

Name: _____

Phone Number: _____



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CREDIT CARD AUTHORIZATION FORM

(Request to accept credit card payment through facsimile transmission or mail authorization. For your protection, your signature is required to authorize the following credit card transaction.)

I _____ doing business as _____ authorize San Antonio Retail Merchants Association (SARMA)/Network Credit Services to debit my (circle one) Visa, MasterCard, or American Express for contractors business or personal reports.

Credit Card # _____,

Cardholder Name _____, (as it appears on card)

Expiration date _____, (as it appears on card)

Credit Card Verification code on back of card (3 digit) or front of card for American Express (4 digit) (CVV Code) _____.

SARMA/NCS is authorized to debit my credit card for: Amount Authorized: \$ _____.

My signature certifies that I am the cardholder on the above account and I request SARMA/NCS charge this card as indicated.

Authorized Signature

Date

Credit Card Statement Address City State Zip Code

Phone Number

Email Address