



DRIVERSOURCE, INC.

# VERIFICATION OF EMPLOYMENT

## CREDIT CARD AUTHORIZATION

TODAYS DATE: \_\_\_\_\_

VOE REQUESTED BY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

\_\_\_\_ EMAIL ADDRESS THE COMPLETED VOE WILL BE SENT TO: \_\_\_\_\_

\_\_\_\_ FAX NUMBER YOU WISH COMPLETED VOE SENT TO: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CARD HOLDERS BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF CARD TRANSACTION: \$15.00

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV CODE: \_\_\_\_\_

Circle what type of Credit Card -

\_\_\_\_ Visa

\_\_\_\_ Mastercard

\_\_\_\_ Discover Card

CARDHOLDER'S SIGNATURE AUTHORIZING THIS TRANSACTION: \_\_\_\_\_

By signing this authorization release, I am agreeing to allow DriverSource to charge my credit card the amount specified above and agree to pay this amount and agree to this credit card transaction.

NAME OF EMPLOYEE THIS VOE IS FOR: \_\_\_\_\_

RECEIPT REQUESTED FOR THIS TRANSACTION: \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, indicate fax # or email address you would like to have it sent to

\_\_\_\_ FAX RECEIPT TO: \_\_\_\_\_ OR \_\_\_\_\_ EMAIL RECEIPT TO: \_\_\_\_\_

PLEASE RETURN THIS AUTHORIZATION FORM TO: FAX NUMBER – 313-624-9533

If you have any questions, please contact us at 1-313-624-9500