



CHARGE CARD AUTHORIZATION

Dear G4S Customer:

To make a payment on your account, invoice or statement please complete the following required information. We currently only accept **VISA** and **Mastercard**.

Kindly return the form via secured fax to **+1 (671) 649-7245** or email to **ar@gu.g4s.com** or mail to the following address:

G4S Guam & CNMI
Attention: Accounts Receivable
130 East Marine Corps Drive, J&G Commercial Plaza, Bldg B, Suite 101
Hagatna, Guam 96910

All information are securely kept and maintained with strict confidentiality.

I, _____, hereby authorize G4S to charge my credit card below.

VISA **MASTERCARD**

as payment towards my G4S Account/Invoice No. _____

Annual Payment or One-time Charge \$ _____,

Monthly Payment \$ _____,

OR any duly approved charges that will posted to my account.

Card Number: _____ CVA#: _____

Expiration Date (MM/YYYY): _____

Amount: \$ _____

Cardholder's Signature: _____ Date: _____

Cardholder Name: _____ Phone No.: _____

Billing Address: _____

E-Mail Address: _____

Notes:

