B.I.B. INC. CREDIT CARD CHARGE APPROVAL

This document provides BIB Inc. with approval to process your credit card for charges incurred for criminal record searches being performed for my application to:

GUILFORD COUNTY SCHOOLS DEPT: _____

CREDIT CARD INFORMATION

- CREDIT CARD AUTHORIZATION -

By my signature below, I authorize RSM Group, LLC to process and charge my credit card for my criminal record searches.

Credit Card Type: _____ (Visa / Mastercard / Discover / AmEx)

Credit Card Number: _____ Expiration Date: _____

Credit and Security PIN _____ (3 to 4 digit number in signature block on back of card)

Cardholder Name: _____ (as written on card)

Billing Address: _____ City _____ State: ____ Zip: _____

Cardholder Telephone Number: (____) _____

Cardholder Signature: X _____ Date: _____

Please forward 1) this document, 2) Your Consumer Reports Release Form, and 3) a Photostat copy of your Drivers License to the attention of the RESEARCH DEPT via the Toll Free Fax Number: 1-888-362-3211 or Mail to: BIB, Inc., Attention: 9710 Northcross Center Ct., Suite 100 Huntersville, NC 28078.