

San Antonio Police Department

**Credit Card Abuse Form  
TO BE USED FOR OUT OF TOWN COMPLAINTS ONLY**

Submitted For : (Name of Business or Person) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Form filled out by: \_\_\_\_\_ Position: \_\_\_\_\_

**NOTE:**            \*Questions 1 through 5 must be answered.  
                      \*This form must accompany each credit card invoice submitted for investigation.  
                      \*If additional space is needed, use the back of the form and identify by number.  
                      \*Only credit card charges made in San Antonio will be accepted.

1. Account Name: \_\_\_\_\_ Card Number: \_\_\_\_\_
2. Has the account holder declared the attached invoice a forgery?        YES ( )        NO ( )
3. Address where the credit card was accepted: \_\_\_\_\_  
\_\_\_\_\_
4. Name of person accepting the charge: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_
5. Hours acceptor can be contacted: \_\_\_\_\_  
Phone Number: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_  
Can the acceptor of the card identify the passer?        YES ( )        NO ( )
6. Other Witnesses:  
Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_
7. Name/Description of passer:  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Hgt \_\_\_\_\_ Wt \_\_\_\_\_ Hair Color \_\_\_\_\_  
Was a photo taken:        YES ( )        NO ( )
8. Description of Vehicle:  
Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_  
Other Information: \_\_\_\_\_  
\_\_\_\_\_

**Attach a Legible Copy of Invoice Here  
KEEP A COPY FOR YOUR RECORDS**

Mail To:  
**San Antonio Police Department  
Forgery Unit  
P.O. Box 839948  
San Antonio, TX 78283-9948**

Forgery Office Hours: 8am-5pm (Mon-Fri)  
315 South Santa Rosa St.

For further assistance call (210) 207-7451 or (210) 207-4TTY(4889)

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