

CREDIT CARD AUTHORIZATION FORM

Please PRINT all sections and return this form:

I (we) hereby authorize A.R.S. Refuse Service, hereinafter called BUSINESS, to initiate charges to my (our) Credit-Card account indicated below.

CREDIT CARD INFORMATION:

Please charge the following Credit Card for the amount(s) listed to A.R.S. Refuse Service:

Visa Card # _____

Master Card # _____

Expiration Date as shown on the card: ___ ___ / ___ ___ ___

3-Digit Verification # as shown on back of the card: ___ ___ ___

A.R.S. account # as shown on your billing: ___ ___ ___ ___ ___

Name and billing address the credit card is billed to:

Name: _____

Address: _____

City, State, Zip: _____

Repetitive Withdrawal Please charge the card listed above for the amount due A.R.S.
The amount due will be charged within 10 days of invoice date

Customers name as shown on the front of the card

X _____ Date _____
Signature

Mail To:

A.R.S. Refuse Service
200 Taylor Parkway
Archbold, Oh 43502