



Credit Card Authorization Form

Instructions

1. Complete the form by printing legibly with a dark ink, all billing and shipping information in the blanks below and **provide your email address for a receipt.**
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form, along with the photocopy of the signed credit card, back to DNT/Evergreen Waste, LLC's secure fax machine at **770-739-8002** or via email to: accounting@dntenvironmental.com to complete your order.

I, _____ an authorized representative of _____ company, hereby authorize DNT/ Evergreen Waste, LLC to charge my credit card account in the amount of \$ _____ or \$ _____ for monthly/weekly charges. Invoice number: _____
 Type of Card (check appropriate box): _____ VISA _____ MASTERCARD

Credit Card Number: _____

Expiration Date: _____ **CVC Code (last three digits on the back of the card)** _____

Credit Card Billing Address

Requested Shipping Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

As the credit card holder, I hereby authorize payment for services.

Cardholder's Signature: _____

Date: _____ Email for receipts: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Evergreen Waste, LLC.

**Complete and fax/email all documents required to: 770-739-8002 or
 accounting@dntenvironmentatl.com.**

All credit card payments are subject to 4% processing fee.

13531 Veterans Memorial Hwy. Winston, GA 30187 * Phone: 770-739-5600 * Fax: 770-739-8002

VISIT US ON THE WEB AT: www.dntenvironmental.com or www.eriwaste.com

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