



## 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 Evergreen Waste, LLC's secure fax machine at **770-739-8002** to complete your order.

I, \_\_\_\_\_, hereby authorize Evergreen Waste, LLC to charge my credit card account in the amount of \$ \_\_\_\_\_ or \$ \_\_\_\_\_ for monthly/weekly charges.

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 the specified job at the shipping address above.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ ***E-mail 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 all documents required to: 770-739-8002.**  
**All credit card payments are subject to 4% processing fee.**  
**This fee will be added to the invoice and charged to the credit card.**