



AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

Please complete the following information allowing Mr. Trashman to charge your credit card automatically quarterly. Please note, this charge will happen between the 1st and 5th of the month at the beginning of each quarter. (i.e. April 1st- April, May and June payment will be charged.) Please fill out and return to:

100 Powdermill Rd., Suite 248; Acton, MA 01720 or Email to trashmaninfo@gmail.com

| | | | |
|--|--------------------|------------------------------------|----------|
| Amount \$ _____ /Quarterly (3months) | | | |
| Start Quarterly Bill on ___/___/____. End billing when customer contacts office. | | | |
| Credit Card Type | Credit Card Number | Expires | CVV Code |
| _____ | _____ | _____/____ | _____ |
| <i>Visa, Mastercard, Discover ONLY</i> | | | |
| Cardholder's Name | | Cardholder's Zip Code | |
| _____ | | _____ | |
| (As shown on card) | | (from credit card billing address) | |

By signing below, I authorize Mr. Trashman to charge my credit card listed above as described. I understand that I must contact Mr. Trashman to cancel this program prior to the 30th of the month before billing is to occur.

Customer's Signature: _____ Date: _____

Print Name: _____ Pick up Address: _____

Email Address: _____@_____

Do not want to be auto charged but do want to be added to our e-billing and updates?

Email Address: _____@_____

Name: _____ Pick up Address: _____