

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:

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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: _____

Phone number: _____

Email Address: _____

*Providing your email address will allow a credit card receipt to be emailed to you.

***EFFECTIVE** AUGUST 1, 2013, there will be a 3% surcharge added to all credit card & debit card payments.

☐

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