

# CREDIT CARD BILLING AUTHORIZATION FORM



5003 PATCH RD. ORLANDO, FL 32822

PH: 407.929.4579

FAX: 407.286.1765

Credit Card Billing Information	
(YOUR COMPANY NAME/ Name:	
Person Authorizing:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Other , please specify:
Issuing Bank:	
Credit Card Number:	
Enter CVC number: (3 Numbers on back of card)	
Expiration Date:	
Billing Address:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	

*Please fax us this form with **enlarged** and **lightened** copies of FRONT and BACK of the CREDIT CARD and cardholder's DRIVER'S LICENSE.*

I \_\_\_\_\_ hereby authorize Pro-Dump Services, LLC to charge my credit card for the amounts invoiced.

*By signing this form, the Customer/Authorized Agent acknowledges and agrees as follows:*

- This signed form is confidential and will be kept on file at Pro-Dump Services, LLC. Corporate office.*
- Credit Card payments are processed through our Billing Department and the charge will appear on your statement as Pro-Dump Services, LLC*
- If Customer fails to dispute a charge within thirty (30) days from the time the credit card is charged, Customer hereby Agrees that the charges are valid and agrees not to dispute said charges.*
- Customer/Authorized Agent authorizes Pro-Dump Services, LLC. To automatically charge their above-referenced credit card according to the terms outlined in the Pro-Dump Services, LLC. Service Agreement executed by Customer.*
- Customer/Authorized Agent certifies warrants and represents that the cardholder named above agrees to pay the credit charge(s) in accordance with the Card Issuer Agreement.*
- This authorization will remain valid until revoked in writing with thirty (30) days prior written notice of revocation.*