



## CREDIT CARD AUTHORIZATION FORM

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 Pro-Dump Services, LLC.

### Instructions (Please Read and Comply)

1. Complete the form by printing legibly with a dark pen, all billing and delivery information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated
3. Include a photocopy of your picture I.D (Drivers License, Military or other Valid I.D)
4. Fax all this form, along with the photocopy of photo id back to us to our fax at 407-681-6725

I, \_\_\_\_\_, hereby authorize Pro-Dump Services, LLC to charge my credit card account specified in the amount of \$ \_\_\_\_\_ (Plus a 6% Service Charge)

Type of Card (Please Check):  Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code (last three digits on the back of the card) \_\_\_\_\_

Credit Card Billing Address:	Requested Delivery Address:
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zipcode: _____	State: _____ Zipcode: _____
Telephone: _____	Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise at the Delivery address above

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

### Credit Card Authorization Future Form (Optional)

(Optional) Check here if you authorize Pro-Dump Services, LLC to charge my credit card for future purchases verbally approved by me. Authorization Valid Until \_\_\_\_\_. Initial Here \_\_\_\_\_

<b>Office Use Only</b>	REF. # _____	AUTH # _____
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407-929-0159

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[www.produmpservices.com](http://www.produmpservices.com)