

CREDIT CARD AUTHORIZATION FORM

Please PRINT all sections and return this form:

I (we) hereby authorize Heartland Disposal 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 Heartland Disposal Service:

Visa Card # _____

Master Card # _____

Expiration Date as shown on the card: ___ ___ / ___ ___

3-Digit Verification # as shown on back of the card: ___ ___ ___

Account # as shown on your billing: ___ ___ ___ ___

Name and billing address the credit card is billed to:

Name: _____

Address: _____

City, State, Zip: _____

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 HDS.*
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:
Heartland Disposal Service
7-192 US Route 6
Napoleon, Ohio 43545