

AUTHORIZATION FOR CREDIT/DEBIT CARDS

I hereby authorize Virgin Valley Disposal, Inc. to initiate debits from my credit/debit card named below. I understand that I am responsible to notify Virgin Valley Disposal, Inc. of any changes to my credit/debit card.

CARD INFORMATION:

NAME ON CARD: _____

COMPANY: _____

CARD TYPE: Visa Mastercard Discover card

Other _____

CREDIT DEBIT

CARD NUMBER: _____

EXP. DATE: Month _____ Year _____

BILLING ADDRESS FOR CARD:

PO BOX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This authorization is to remain in full force and in effect until Virgin Valley Disposal, Inc. has received written notification from me to terminate this agreement. Virgin Valley Disposal, Inc. and my bank shall have a reasonable opportunity to act on the request to terminate.

MY NAME _____

VIRGIN VALLEY DISPOSAL ACCOUNT # _____

TODAYS DATE _____

SIGNATURE _____

A \$30.00 processing fee will be assessed if there are insufficient funds in your account.

NOTES & COMMENTS _____

Official Use Only

Draft # _____

Cycle# _____

Processed By _____

Date _____