



P.O. Box 200143 San Antonio, Texas 78220 | Office: 210-333-4287 Fax: 210-333-6287

CREDIT CARD PAYMENT AUTHORIZATION FORM

I, (account name) _____, (customer number) _____ authorize,
Tiger Sanitation, Inc. to charge my credit card or debit card to: (Circle one)

VISA

MASTERCARD

DISCOVER

Card No. _____, Exp. Date ____ / ____ CCI# ____
(3 digits back of card)

For my total amount due. This automatic scheduled payment will be charged to my card:

ONCE A MONTH
(Commercial Only)

ONCE EVERY THREE MONTHS
(Curbside Service Only)

On the 1st of the month billed, if my credit/debit card information is not current and payment cannot be drafted, I will be assessed a process fee of \$6.00 and finance charges will be added to my account. All information includes sufficient funds, expiration date, valid card number and etc. By my signature below, I guarantee that I am the account holder and that I agree to the above terms.

Signature: _____

***This information should match the information on your credit card.**

Print name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____

Email: _____

Office use only:

| Group # | Q10 | Q2 | Q3 | C1 | C2 |
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