



CREDIT CARD AUTHORIZATION FORM

If you would like to enjoy the convenience of credit card payments for your monthly amounts or would like to make a onetime payment, simply complete and sign the information below.

All requested information is required. Upon approval, we will bill your credit or debit card for the amount indicated and your total charges will appear on your monthly credit card statement.

You may cancel this automatic billing at any time by contacting us prior to your payment date.

Customer Information

Name: _____ Phone Number: _____

Email Address: _____
(Your receipt will be sent to your email address)

Payment Information

I authorize LawnDoodles Poop Scoopers to bill the credit card: *(please write -0- if not applicable)*

- One time up to \$ _____
- One time in the amount of \$ _____
- Recurring Monthly \$ _____ End Date: _____

Credit Card Information

Credit Card Type:    

Cardholder's Name: _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____

Security Code: _____ Billing Zip Code: _____

Customer's Signature

____/____/____
Date