



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Credit Card Information may be updated at any time prior to transaction.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____
Email receipts to:	_____ (Name and Email)
<input type="checkbox"/> Pay Per Service (Cards on file are charged within 72 hours of invoices being issued)	
<input type="checkbox"/> Recurring Payments \$_____ monthly (Payments are automatically charged on the 1 st or 15 th of every month)	
<input type="checkbox"/> 1 st of every month	<input type="checkbox"/> 15 th of every month
Cancellation Policy: Cancellations for pest control services on recurring monthly billing must be received 30 days prior to expected billing date. To cancel, email: QuitBugginMePestControl@yahoo.com	

I, _____, authorize *QUIT BUGGIN' ME PEST CONTROL* to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file securely for future transactions on my account.

Customer Signature

Date

