## Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form.

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

<b>+</b>	Customer Information (to be completed by merchant)				
	Customer/company				
	Contact name	Account number	Address	on file	
8	Email address	Phone (	)	-	Ext:
	Payment Information (to be completed by merchant)				
	l authorize Hughes Sanitation Services		to automat	tically bill the card lis	ted below as specified:
U	Product/service description Quarterly trash service				
	Recurring amount				
	Frequency (check one) Once Daily Weekly	Twice/r	month	Monthly	Quarterly
<b>U</b>	Start on//	End on:	Month		Year
		✓ N	lo end date		
,					
	Credit Card Information (to be completed by customer)				
<b>e</b>	Card type MasterCard VISA Discover	AMEX	Other		
	Cardholder name			Cardholder ZIP Co	
0	(as shown on card)			(nom create cara billin	g dddicss)
	Card number			_ Expires	
S	Notify me via email when my credit card is charged. (Make su	ure email address a	above is correc	ct.)	
3					
U	Customer's signature		Date		