P.O. Box 176
Delaware, NJ 07833
Phones: (908) 475-3300
(908) 689-7070
(908) 475-1185 fax

Credit Card Payment Authorization

I authorize Sanico, Inc. to charge my

☐ **VISA credit card** ☐ **Mastercard credit card**

for recycling and garbage collection service for credit to

Sanico account number _____.

* **I accept that prompt payment discounts DO NOT apply to credit card payments.**
* **I accept that services paid for by credit card are not refundable.**
* **I accept that credit card payments are not recurring.**
* **I accept that I must authorize Sanico to charge my credit card for each transaction.**

_____ _____ _____ _____ _____
card number **Expiration Date**

_____ _____
Name (as it appears on credit card) **Security Code**

_____
Mail Address (where credit card statement is sent)

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

_____
Contact Phone Number

Amount to be charged $_____.

For future payment by telephone:

☐ **I authorize Sanico to use this credit card for future service until the Expiration Date shown above or _____, whichever occurs first.**
Date

_____ _____
Signed **Date**