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**