

# EVERGREEN SPECIALTY SERVICES, LLC (Shred Drop Off Location Program)

## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic 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.

### Customer Information (To be completed by merchant)

Customer name: \_\_\_\_\_ Customer account number: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

### Payment Information (To be completed by merchant)

I authorize Evergreen Specialty Services, LLC to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  
 Quarterly  Semi-Annually  Annually (Check only one)

Start billing on: \_\_\_\_\_ / 01 / 08 End billing when:  Contract expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Customer provides written cancellation

### Credit Card Information (To be completed by customer)

Evergreen Specialty Services, LLC accepts the following credit cards: **Visa, MasterCard, AMEX**

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
\_\_\_\_\_ (as shown on credit card) \_\_\_\_\_ (from credit card billing address)

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_