



## CREDIT CARD AUTHORIZATION FORM

If you would like to enjoy the convenience of credit card payments for your service charges with Les Scoops, simply complete the information below

**All requested information is required.** Upon approval, we will bill your credit or debit card for the amount indicated and your total charges will appear on your monthly credit card or bank statement.

*You may cancel this automatic billing at any time by contacting us prior to your payment date.*

### Customer Information

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(Your receipt will be sent to your email address)*

### Payment Information

I authorize Les Scoops Pet Waste Removal Services to bill the credit card listed below as specified:

Amount: \$ \_\_\_\_\_  One Time  90-day Prepay  Monthly

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Credit Card Information

Credit Card Type:        

Name as printed on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security/CCV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
**Customer's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date Signed**