



P.O. Box 369 • DeMotte, Indiana 46310 • 219-987-2555

CREDIT CARD AUTHORIZATION FORM

Billing Information:

Service Location:

\_\_\_\_\_  
Billing Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Customer ID

\_\_\_\_\_  
Service Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

Please note that it is your responsibility to keep credit card information current with Premier Waste & Recycling of Indiana, including expiration date. Failure to provide a valid credit card and said authorization may result in an interruption of service as well as further collective actions.

If your balance goes beyond 30 days, Premier will automatically charge the invoice to the credit card given below.

You also have the option to pay your invoices by credit card. If you would like to implement this process, please sign below. You will still receive an invoice each month for record purposes, but Premier will automatically charge the invoice to the credit card given below each month.

Please note that you will not be sent a receipt for any credit card transactions, your credit card statement will serve as your receipt.

If you have any questions please call (219) 987-2555. Thank you for your cooperation in this matter.

MASTERCARD     DISCOVER     VISA     AMEX

\_\_\_\_\_  
Credit Card Number (please type, or print clearly)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
(please print name signed above)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

I AGREE TO HAVE INVOICES FROM EACH BILLING PERIOD AUTOMATICALLY CHARGED TO THE ABOVE CREDIT CARD ABOVE.

I AGREE TO HAVE MY INTIAL INVOICE AUTOMATICALLY CHARGED TO THE ABOVE CREDIT CARD ABOVE.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

Premier-IN  
Revised 02/09