

PACIFIC SANITATION

A DIVISION OF M & M SERVICES, INC.

CREDIT CARD PAYMENT AUTHORIZATION FORM

Credit Card Type: Visa Mastercard Discover Card American Express

Credit Card Number: _____

Expiration Date (mm/yy): _____ 3 Digit Security Code (CVV2 Code): _____

Name as it appears on card: _____

Company Name on card (if applicable): _____

Credit Card Billing Address: _____

City: _____, State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

I authorize M&M Services, Inc. (dba Pacific Sanitation) to charge my credit card for payment of their products and/or services. If M&M Services, Inc. is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: _____

Fax the completed and signed form to 707-838-2697