

Credit Card Payment Authorization Form

Please complete and sign this form, which authorizes **Value Waste Services, Inc.** to make a debit to your credit card listed below. Please return this form to **valuewasteservices@gmail.com**. For any questions, please call (803) 250-3100.

I(Full name)	authorize Valu	e Waste Serv	ices, Inc. to charge my credit
card account indicated below fo	r on (Amount)	or after	(Date)
This payment is for 10-yd dumpster with a _	weight limit	20-yd dui	mpster with a weight limit
☐ 30-yd dumpster with a _	weight limit	Other:	escription of Goods/Services)
DELIVERY Address		Phone	#
City, State, Zip		Email	
Account Type:	☐ MasterCard	☐ AMEX	Discover
Cardholder Name			
Account Number			
Security Code/CVV	Expiration Date		Billing Zip Code

I authorize **Value Waste Services**, **Inc**. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated.

DATE

SIGNATURE

"Southern Service in a New York Minute"
(803) 250-3100