



1613 Wampum Road
 Ellwood City, PA 16117
 (724)758-9400

RECURRING CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return it to us.
All information will remain confidential.

CARD HOLDER NAME: _____

CARD HOLDER ADDRESS: _____

SERVICE ADDRESS [If different than Billing Address: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____ / _____

3-DIGIT CODE ON BACK: _____ ZIP CODE from which Card Originates: _____

Please Select SERVICE LEVEL.

Service Level can be changed at any time by contacting our office.
724-758-9400.



SERVICE LEVEL	STICKER AMOUNT	PRICE	<input checked="" type="checkbox"/> SELECT ONE
LEVEL 1	15 STICKERS per Quarter	\$48.00 per Quarter	<input type="checkbox"/>
LEVEL 2	30 STICKERS per Quarter	\$70.50 per Quarter	<input type="checkbox"/>
LEVEL 3	45 STICKERS per Quarter	\$93.00 per Quarter	<input type="checkbox"/>

- I understand that this authorization will remain in effect until I cancel the agreement in writing with Aiken Refuse, Inc. In addition, I agree to notify Aiken Refuse, Inc. of any changes to my payment information at least 10 days prior to the next payment authorization period.
- Please print, sign and date this form. Return by mail to:

Aiken Refuse, Inc.
1613 Wampum Road
Ellwood City, PA 16117

By signing, I authorize that all information provided above is accurate and complete. I authorize Aiken Refuse to automatically process this credit card for the service level selected by myself.

CARDHOLDER – PRINT NAME, SIGN AND DATE BELOW:

Signed: _____

Dated: _____

Name (print): _____

We thank you for choosing Aiken Refuse, Inc. for your waste removal needs.