

# Scoop da Poo, LLC

## Automatic Credit Card Billing Authorization Form

Please complete the information below and sign the form. 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 statement. You may cancel this automatic billing at any time by contacting us.

### Customer Information

Name:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Email Address:

\_\_\_\_\_

(For email statements and notifications only. We do not sell or give email addresses to anyone. Your privacy is important to us.)

### Payment Information

I authorize Scoop da Poo, LLC to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_  Monthly

Start Recurring Billing on:   /01/  

First time charge if different from recurring charge due immediately: \$ \_\_\_\_\_

Billing ends when customer provides written cancellation.

### Credit Card Information

Credit Card Type:

Credit Card Number:

Expiration Date:

Discover  MasterCard  Visa      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / 20 \_\_\_\_\_

AmEx      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Name:

Cardholders Zip Code (required):

\_\_\_\_\_

\_\_\_\_\_

(as shown on credit card)

(from credit card billing address)

Customer's Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_