

## **CREDIT CARD AUTHORIZATION**

If you would like to sign up for our automatic payment system, simply complete & return this authorization. You will be sent a copy of all billing indicating the date and amount that will be charged to your credit card for any slip fees, storage and /or services provided. You may cancel this agreement anytime. Be advised that it is the customers' responsibility to update any information as needed; if your card is unable to be processed you may be assessed a late fee.

## PLEASE PRINT CLEARLY

NAME ON CARD:
SLIP / RACK NUMBER:
CREDIT CARD NUMBER:
American Express / Discover / MasterCard / Visa
EXPIRATION DATE: (Mos.) (Year)
SECURITY CODE (3-digit number):
BILLING ADDRESS of CREDIT CARD:
Street Address:
City & State:
Zip Code:
Signature:
ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL & SECURED.
Date Received in Office:

By: \_