

CREDIT CARD AUTHORIZATION FORM

Customer#: _____

Date: _____

I, _____, authorize First Class Waste Services Inc. to charge my monthly service fee of \$ _____ to my _____. I understand that credit card payments are processed on the 6th (sixth) of the month. I also understand that I must fill out and submit a "Credit Card Cancellation Form" by the 1st (first) of the month in order to stop further charges being applied to my credit card. A copy of the "Credit Card Cancellation Form" has been provided to me.

Credit Card#: _____

Expirey Date: _____

Name on Card: _____

Customer#/Name: _____

Paid To: _____

Signature: _____

***Charges will not be made to your credit card unless this form is returned.**

* Occasionally your monthly bill may change due to extra service or price increases. Instead of submitting an authorization form every time you experience a price change, signing this form will authorize us to adjust the amount taken out of your account.

Mail: First Class Waste Services Inc. **OR**
6257 Sumas Prairie Rd
Chilliwack, BC
V2R 4N6

Fax: First Class Waste Services Inc.
Attention: Credit Dept
604-823-4040
Email: firstclasswaste@firstclassgroup.ca