





# Credit Card Processing Authorization

Please complete all items below to authorize Arrest-A-Pest LLC to charge services to your credit / debit card. **All** fields must be filled out. Simply print form, fill out, sign & fax back to 954.572.1813. Thank you!



<b>Name on Card</b>		
<b>Company Name</b>		
<b>E-mail Address</b>		
<b>Payment Method</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
<b>Address on Card</b>	Street: _____	
	City: _____ State: _____ Zip: _____	
<b>Card Number</b>		
<b>Expiration Date</b>	Month: _____ Day: _____ Year: _____	
<b>CCV # (3 or 4 digit #)</b>	3 Digit Code _____   Digit Card Verification Number _____ Visa / Master Card / Discover - back of card	4 Digit Code _____   Digit Card Verification Number _____ American Express - front of card
	<p><b>By signing below, I authorize Arrest-A-Pest to charge my credit card account indicated above for all / recurring services rendered.</b></p> <input type="checkbox"/> Please bill me monthly on a reoccurring basis for services rendered <input type="checkbox"/> <b>YES! For convenience, please bill me for the full year of service!</b> <i>*I understand that there is a \$.025 administrative charge for payment via credit / debit card.</i>	
<b>Signature</b>	X _____ Authorized Signature	Date _____