









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 fill out, sign & e-mail PDF to admin@2arrestapest.com. Thank you!

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