



PAYMENT BY CREDIT CARD AUTHORIZATION

Bay Disposal Account Information

Customer Name (as it appears on the bill):

Contact Information

Cardholder's Name (as it appears on the card):

Bay Disposal Account Number(s):

Cardholder's Address:

City /State/Zip

E-Mail:

Telephone:

I hereby authorize Bay Disposal, Inc. to charge automatically the following credit card account identified herein for the service(s) listed below:

Please check the appropriate box.

Commercial Service Residential Service Other:

Required Credit Card Information:

Mastercard Number:

Expiration Date:

Three Digit Code #:

Discover Number:

Expiration Date:

Three Digit Code #:

Visa Number:

Expiration Date:

Three Digit Code #:

American Express Number:

Expiration Date:

Four Digit Code #:

I understand and approve all of the above as evidenced by my signature below and acknowledge having read this authorization.

It is your responsibility to contact our office should you receive a new credit card number, or if your card expires so that we can update our records to reflect your current information.

Authorizing Signature:

Date:

Please return this form to Bay Disposal, Inc.