

## Lawncare & Landscape LLC

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## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

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Billing Address:
Credit Card Type: Visa MastercardAmex
Credit Card Number:
Expiration Date:
Credit Verification Code:
I authorized monthly auto pay
I choose to opt-out of auto pay
I authorize <u>Five Star Lawncare &amp; Landscape</u> to charge my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.
Cardholder – Print Name, Sign and Date Below:
Name:
Dated:
Sign:

Once signed, please return the completed form to the above address or email to the above email address.