



**AUTHORIZATION AGREEMENT
FOR CREDIT CARD PAYMENTS**

Customer Name: _____

Service Address: _____

City, State, ZIP: _____

- ☐ I would like to make a one time payment of invoiced amount or \$_____
- ☐ Effective the first day of each month, I hereby authorize Maintain Landscaping to initiate debit entries to my Credit Card indicated below in the amount of any assessment authorized by contract with Maintain Landscaping.

Name on Card: _____

Credit Card Number: _____

Card Expiration: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

* Please provide your email address if you would like an electronic receipt when your credit card is charged.

This authorization is to remain in full force and effect until Maintain Landscaping has received written notification from me of its termination in such manner as to afford Maintain Landscaping reasonable opportunity to act upon it.

Please complete the authorization by signing below.

Signature(s): _____ Date: _____

Daytime Number: _____

We must receive this form before the 20th of the month to start the next month. You may also fax this completed form.