



1613 Wampum Road  
 Ellwood City, PA 16117  
 (724)758-9400

**RECURRING CREDIT CARD AUTHORIZATION FORM**

Please complete this authorization and return it to us.  
All information will remain confidential.



CARD HOLDER NAME: \_\_\_\_\_

CARD HOLDER ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SERVICE ADDRESS [If different than Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

3-DIGIT CODE ON BACK: \_\_\_\_\_ ZIP CODE from which Card Originates: \_\_\_\_\_

**WE ACCEPT**  

**Please Select SERVICE LEVEL.**

**Service Level** can be changed at any time by contacting our office.  
**724-758-9400.**



SERVICE LEVEL	STICKER AMOUNT	PRICE	<input checked="" type="checkbox"/> SELECT ONE
LEVEL 1	15 STICKERS per Quarter	\$48.00 per Quarter	<input type="checkbox"/>
LEVEL 2	30 STICKERS per Quarter	\$70.50 per Quarter	<input type="checkbox"/>
LEVEL 3	45 STICKERS per Quarter	\$93.00 per Quarter	<input type="checkbox"/>

• I understand that this authorization will remain in effect until I cancel the agreement in writing with Aiken Refuse, Inc. In addition, I agree to notify Aiken Refuse, Inc. of any changes to my payment information at least 10 days prior to the next payment authorization period.

• Please print, sign and date this form. Return by mail to: **Aiken Refuse, Inc.**  
**1613 Wampum Road**  
**Ellwood City, PA 16117**

By signing, I authorize that all information provided above is accurate and complete. I authorize Aiken Refuse to automatically process this credit card for the service level selected by myself.

**CARDHOLDER – PRINT NAME, SIGN AND DATE BELOW:**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name (print): \_\_\_\_\_

*We thank you for choosing Aiken Refuse, Inc. for your waste removal needs.*