

# Credit Card Authorization Form

## Credit Card Billing Information

Company Name / Name:		Person Authorizing:	
Credit Card Number:		<input type="checkbox"/> Visa	CVC Number:      Expiration Date:
Billing Address:		<input type="checkbox"/> Mastercard	
Province / State:		City:	
		Postal / Zip Code:	Country:

## Initial Payment

Once	Bill my credit card once for the following amount:	\$
	Apply this payment to the following invoice(s) #:	

## Recurring Payments (rentals only)

Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with THE CONTAINER GUY:	\$
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Applicant agrees that all information provided is accurate and complete.  
 Changes to the status of this card should be reported to The Container Guy, to avoid payment delinquency.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_