

Credit Card Authorization Form

For use in Clarkstown Haverstraw Hillburn

(check all applicable) **DO NOT FAX OR EMAIL COMPLETED AUTHORIZATION**

Company Name: _____

Company Address: _____

Company City, State, Zip: _____

Company Phone Number: _____

Email Address: _____ **Fax No.:** _____

Name of Card Holder (exactly as it appears on card): _____

Street Address of Card Holder: _____

City, State, Zip of Card Holder: _____

Phone Number of Card Holder: _____ **Type of Credit Card:** _____

Credit Card Number: _____ **Credit Card Expiration Date:** _____

New Card? ____ **Additional Card?** ____ **Replace Credit Card on File?** ____ **Which Type of Card?**

_____ **Which Credit Card No?** _____

I hereby authorize the Rockland County Solid Waste Management Authority to charge the above credit card for any and all fees incurred at all the Solid Waste Authority Facilities.

Authorized Signature of Card Holder: _____

Print Name of Authorized Signature: _____

CREDIT CARD AUTHORIZATIONS MUST BE MAILED OR HAND DELIVERED TO:

172 MAIN ST., 2ND FLOOR, NANUET, NY 10954

ATTN: JEREMY GOLDSTEIN