



RECYCLING

*Inert Materials Recycling
& Reclaimed Aggregates*

CREDIT CARD USE AUTHORIZATION FORM

Type of credit card: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____

Security Number: _____ CVV, V-CODE (3 digits on back of MasterCard, Visa; 4 digits on front of American Express)

Exact Name of Card: _____

Billing Address for Card:

Name of Cardholder Company or Individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I authorize the use of my credit card for the purchase of services and materials from **Penalver, LLC (DBA) AMH Recycling**.

Check one box: Please keep my credit card information on file for future use.

 This is a one time authorization for the amount of \$ _____

 Please keep my credit card information and charge monthly rental space.

Signer's Printed Name: _____

Signature: _____

Date: _____

A legible copy of the credit card along with photo identification, front and back (showing the signature) is requested.