

AMERICAN DISPOSAL SYSTEMS, INC.

4575 Torresdale Ave, Suite 1A
Philadelphia, PA 19124
Phone: 215.289.8100
www.americandisposalsystems.com

Credit Card Recurring Authorization

Please complete the application below:

Company Name_____

Credit Card Holder Name_____

Credit Card Billing Address_____

Phone Number_____ Email_____

Credit Card Number_____ CVS_____

Expiration Date_____

I _____ authorize the regularly scheduled charges to my Credit Card. You will be charged the following designated amount:

Fixed Amount_____ Daily_____

Weekly_____ As authorized _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify American Disposal Systems, Inc. and complete a new application in the event my account information changes. I agree not to dispute any charges as long as they correspond to this agreement. I attest that the signature below is that of the card holder, and I am fully aware of the terms of this agreement.

Card Holder Signature

Date