



**P.O. Box 658
Fate, TX 75132-0658
972-730-(PEST) 7378**

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Stronghold Pest Control, LLC** to make debit transactions to your credit card listed below.

By signing this form you give us permission to debit your account for current and future payments for services provided.

Please complete the information below:

I _____ authorize **Stronghold Pest Control, LLC** to charge my credit card.
(full name)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV Number _____ Billing Zip Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services provided by the above company. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.