



CREDIT CARD AUTHORIZATION

Complete, sign and return the form below to authorize automatic monthly payment of your disposal service charges. Your credit card will be charged immediately after your invoice is generated for the full amount due, unless a previous notification is given for a different amount. Each payment can be viewed on your next invoice.

American Disposal Services Inc.
Account Number:

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CREDIT CARD **INFORMATION**

Credit Card Type: Visa Mastercard American Express Discover

Name on the Card: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

CVV# (3 digit number on back of the card): _____

Address on Card Statement: _____

City / State / Zip: _____

E-mail Address: _____

I authorize American Disposal Services, Inc. to automatically charge the credit card indicated in this authorization form according to the terms on a monthly basis. I understand that the payment will be made immediately from the invoice date. I understand that this authorization will remain in effect until I cancel it in writing. If I do not want the entire amount charged to my credit card, I need to make previous arrangements with customer service.

Signature: _____ Date: _____



For Virginia Customers:
Attn: E-Billing Department
American Disposal Services, Inc.
PO Box 1326
Centreville, VA 20122
703.368.0500

For Georgia Customers:
Attn: E-Billing Department
American Disposal Services, Inc.
PO Box 1290
Centreville, VA 20122
678.720.0500

For Colorado Customers:
Attn: E-Billing Department
American Disposal Services, Inc.
PO Box 1307
Centreville, VA 20122
720.322.0500