

## Hockessin Sanitation, Inc.

### Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

#### Customer Information

Customer Name	Customer Address/Account #	Phone
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#### Payment Information

I authorize Hockessin Sanitation, Inc. to automatically bill the card listed below as specified:

Frequency:

- Monthly in the amount of \$ \_\_\_\_\_
- Quarterly in the amount of \$ \_\_\_\_\_
- Semi-Annually in the amount of \$ \_\_\_\_\_
- Annually in the amount of \$ \_\_\_\_\_

Start billing effective:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Automatic billing ends when

card expires or  
collection rate changes or  
customer provides written cancellation

#### Credit Card Information (PLEASE PRINT CLEARLY)

Hockessin Sanitation, Inc. accepts the following credit cards; Visa & MasterCard and debit cards with a Visa, MasterCard logo.

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Credit Card Number (Please print clearly)	Expires _____/_____
Cardholder's Name (as shown on credit card)		Cardholder's Zip Code (from credit card billing address)
Customer's/Cardholder's Signature		Date: _____/_____/_____

Please mail this form to: Hockessin Sanitation, Inc.  
P. O. Box 222  
Hockessin, DE 19707