

Credit Card Authorization Form

Credit Card Billing Information			
Company Name / Name:	Person Authorizing:		
Credit Card Number:	<input type="checkbox"/> Visa	CVC Number:	Expiration Date:
Billing Address:	City:		
Province / State:	Postal / Zip Code:	Country:	
Initial Payment			
Once	Bill my credit card once for the following amount:		\$
	Apply this payment to the following invoice(s) #:		
Recurring Payments (rentals only)			
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with THE CONTAINER GUY:		\$
<p style="text-align: center;">Applicant agrees that all information provided is accurate and complete. Changes to the status of this card should be reported to The Container Guy, to avoid payment delinquency.</p>			
Authorized Signature: _____		Date: _____	