



CREDIT CARD AUTHORIZATION FORM

Cardholder Name:
Address:
Credit Card TYPE: Visa: _____ Mastercard: _____ American Express: _____ Discover: _____
Credit Card Number:
Expiration Date:
Billing Zip Code:
Card Identification Number (last 3 digits located on the back of the credit card):



CREDIT CARD
IDENTIFICATION
NUMBER

I, hereby authorize COASTAL WASTE SERVICES, INC., to charge the above referenced credit card for all charges.

CREDIT CARD HOLDER'S SIGNATURE:
DATED:

As the credit card holder, I also authorize COASTAL WASTE SERVICES, INC. to charge my credit card.

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. COASTAL WASTE SERVICES, INC. will keep all information entered on this form strictly confidential.

COASTAL WASTE SERVICES INC.
PO BOX 12661, WILMINGTON, NC 28405
cindy@coastalwaste.com 910-228-5500