

## an EcoLube Recovery LLC Company

## 1011 E. Main Ave, Suite 205, Puyallup, WA 98372 Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. F

Please complete and return to	ar@ecoluberecovery.com
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Credit Card Information						
Card Type:	□ MasterCard	□ VISA	□ Discover	□ AMEX		
	<sup>□</sup> Other					
Cardholder Name (as shown on card):						
Card Number:						
Expiration I	Date (mm/yy):		CCV:			
Cardholder ZIP Code (from credit card billing address):						

I,\_\_\_\_\_, authorize <u>Ecolube Recovery, LLC</u> to charge my credit card above for each invoice generated from signed work orders. I understand that my information will be saved to file for future transactions on my account.

Customer Business Name

**Customer Signature** 

Date