



Recurring Credit Card Charge Authorization Form

I (we) hereby authorize **Apple Valley Waste Service, Inc.** to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Apple Valley Waste is notified by me (us) in writing to cancel it in such time as to afford Apple Valley Waste a reasonable opportunity to act on it.

Charges for services will be made on the last day of the month that the services were rendered.

(Apple Valley Waste Account Number)

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / Discover

Account Number: _____

Expiration Date: _____ Credit Card Security Code: _____
(three digit code on the back of your credit card)

(Signature)

(Effective Date)

Please return to:

Apple Valley Waste Service, Inc.
Attn: Sandy Walker
P.O. Box 309
Kearneysville, WV 25430

Phone: 304-724-1834
Fax: 304-724-1890
Sandra.Walker@applevalleywaste.com