

**Credit Card Authorization Form**

Name on file with CLIP Lawn Care: \_\_\_\_\_

I hereby authorize CLIP Lawn Care LLC to charge the credit card assigned below every month for:

(Check one)

The total amount on my bill

The following amount: \_\_\_\_\_

This authorization begins on the date this form is signed and will be valid until: \_\_/\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address of card: \_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Verification Code (last three digits on signature panel): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_