



Credit Card Authorization Form

*Please Complete and Fax or Scan to: 360-424.3226 email to:
customerservice@deluxemobilerestrooms.com*

In lieu of my credit card imprint, I _____, (Name of
Cardholder exactly as Shown on Credit Card)

hereby authorize Deluxe Mobile Restrooms to charge these, and other reoccurring charges
associated with my customer account# _____ to the following credit
card:

___ Discover ___ Master Card ___ Visa

Card Number _____

Expiration Date _____

CVV Security Code _____

The billing address as it appears on my credit card statement

Billing Name _____

Street Address _____

City, State, Zip Code _____

Country _____

Fax/email address for receipt _____

Phone number _____

Cardholder authorized initial billing amount \$ _____

By signing below and submitting for payment, I acknowledge acceptance of Deluxe Mobile Restrooms Terms and Conditions. In the event of a dispute, requests for a refund must be submitted in writing along with all documentation in accordance with standard policy of company issuing credit card. If you wish to remove your credit card from auto-pay, such notice must be received in writing.

Signature _____ Date _____

(As it appears on cardholder's credit card)

Print / Title _____