

Pillar

Lawn Care & Landscaping

P.O. Box 150135
Cape Coral, FL 33915
239-574-2272

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize Pillar Lawn Care & Landscaping to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____