



941-552-8538 • ChameleonPestControl.com
4501 Falcon Place. Sarasota FL 34241

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic bill paying, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CUSTOMER INFORMATION

Customer Name

Customer Service Address

Customer Phone Number

PAYMENT INFORMATION

I authorize Chameleon Pest Control, Inc. to automatically charge the credit card listed below as specified:

Amount: \$ _____ Monthly

Start Charging on: ____/____/____

End Charging on: ____/____/____

-- or --

Customer provides written cancellation

CREDIT CARD INFORMATION

Chameleon Pest Control, Inc. accepts **Visa** and **MasterCard**.

Credit Card Type

Credit Card Number

Expires

CVC#

Cardholder's Name as Shown on Card

Cardholder's Zip Code from Card Billing Address

Customer's Signature

Date