

ROCHESTER PORTABLE TOILETS

6558 4th Section Rd. Ste.112
Brockport, NY 14420
585-331-9232

CREDIT CARD AUTHORIZATION

DATE: _____

NAME/FIRM: _____

BILLING ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

CREDIT CARD INFORMATION:

VISA Discover MASTER CARD American Express

CARD # _____

EXPIRATION DATE: _____ CVV: _____

I HEREBY AUTHORIZE THE OFFICE OF ROCHESTER PORTABLE TOILETS TO
KEEP THIS CREDIT CARD NUMBER ON FILE FOR PAYMENT PURPOSES ON
ALL INVOICES

SIGNATURE OF AUTHORIZED CARD USER BELOW:

PRINT NAME _____ TITLE: _____

Please attach a copy of your identification to this letter (enlarged).