



CREDIT CARD AUTHORIZATION FORM

**\$5 CREDIT CARD FEE WILL BE ADDED PER TRANSACTION*

**Cash tickets do not get billed. Customer is responsible for collecting receipt/tickets from drivers*

Company Name: _____

Contact Person: _____

Phone: _____ **Email:** _____

Type of Card - AMEX - Discover - MasterCard - Visa

Cardholder Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code _____

Billing ZIP Code: _____

Billing Address: _____

I hereby authorize Gilman Road Recycling Inc. to use this credit card for payment for Loads brought to and/or Material Purchased from Gilman Road Recycling Inc. locations. I authorize the truck driver(s) to sign for the receipt and ticket for the purchase of the loads/material at the Conex and Gilman Road Facilities.

Print Name & Title: _____

Signature: _____ **Date:** _____

Send completed forms to: admin@gilmanrecycling.com