



Credit Card Authorization Form

I, _____, hereby authorize Transcor Recycling LLC to charge my credit card account in the amount not to exceed: \$ _____.

() VISA () MASTERCARD () AMERICAN EXPRESS () DISCOVER

Credit Card Number: _____ Expiration Date: ____ / ____.

Credit Card Billing Information:

Name on Card: _____.

Billing Address: _____.

City & State: _____.

Zip Code: _____ . Telephone: _____.

Email: _____.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Card Holder's Signature: _____ . Date: ____ / ____ / ____.

Important notice: If you are placing a card on file, we WILL NOT automatically pay invoices. You will need to call us every time to authorize a payment. However, in the event you have invoices more than 60 days we will charge your card the unpaid balance. Date _____ Initial _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Transcor Recycling LLC will keep all information entered on this form strictly confidential.

Please note that all sales are based on a cash basis and are discounted.
Paying with a credit card negates the 3% discount and is
added to all credit card sales.

****Please Fax Back To: 813-579-1085 or email to: Tbuntin@TranscorLLC.com****