Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: ☐ Master Card ☐ Visa ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date: (mm/yy): _____
CVV (3 digit security code): _____
Address (from billing statement): _____
City: _____
State: _____
Zip Code: _____

I, _____, authorize *AME Lawn and Landscape* to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

*A service fee of 4.0% will be applied to all credit card purchases.

_____ _____

Customer Signature Date

How to Return: In an effort to keep your card information secure we suggest returning this completed form to our email (amelawnandlandscape@gmail.com) or in person.

Thank you!