

Western Disposal Services

Credit Card Change Authorization Form:

Please charge the following credit card for the amount(s) listed to Western Disposal:

| | | | |
|--------------------------|------------------|-------|-------|
| <input type="checkbox"/> | Visa | Card# | _____ |
| <input type="checkbox"/> | MasterCard | Card# | _____ |
| <input type="checkbox"/> | Discover | Card# | _____ |
| <input type="checkbox"/> | American Express | Card# | _____ |

Expiration date as shown on the card: _____

Customer name as it appears on the card: _____

Customer daytime phone number: _____

Western Disposal account number as shown on your billing: _____

| | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | One-time payment | Please charge \$ _____ to the card listed above. |
| <input type="checkbox"/> | Repetitive withdrawal | Please change the card listed above the amounts due Western Disposal. The amount due will be charged on the 10 th of the month following billing. |

Authorized signature: _____ Date: _____

MAIL COMPLETED FORM TO ACCOUNTS RECEIVABLE DEPARTMENT
PO BOX 9100, BOULDER, CO 80301