

I _____ Authorize _____ to charge my credit card
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$ _____ USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

INVOICE(s) to be paid _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

JB PEST CONTROL, LLC
POB 140178
STATEN ISLAND, NY 10314
(718) 818-8600
(718) 818-8603 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

