



941-552-8538 • ChameleonPestControl.com  
4501 Falcon Place. Sarasota FL 34241

## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic bill paying, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### CUSTOMER INFORMATION

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Customer Service Address

\_\_\_\_\_  
Customer Phone Number

### PAYMENT INFORMATION

I authorize Chameleon Pest Control, Inc. to automatically charge the credit card listed below as specified:

Amount: \$ \_\_\_\_\_ Monthly

Start Charging on: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Charging on:  \_\_\_\_/\_\_\_\_/\_\_\_\_

-- or --

Customer provides written cancellation

### CREDIT CARD INFORMATION

Chameleon Pest Control, Inc. accepts **Visa** and **MasterCard**.

\_\_\_\_\_  
Credit Card Type

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Cardholder's Name as Shown on Card

\_\_\_\_\_  
Cardholder's Zip Code from Card Billing Address

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date