



582 Bedford Street Bridgewater, MA 02324 Tel: 508-807-4646 Fax: 508-807-0104



Company Name/ Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize All State Waste, Inc. to process one of the following:

- Monthly recurring payments from my credit card
- Onetime payment on my credit card
- Keep on file for paying monthly invoices (Specify below)
  - With phone call authorization
  - Without phone call authorization

I understand that the charges processed will include the contracting agreement price as well as any other overweight or extra charges that may have been incurred.

**Credit Card Information**

Card Type:    *MasterCard*                  *Visa*                  *Discover*                  *Amex*

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_                  Zip Code: \_\_\_\_\_

**Credit Card Billing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address for Receipts: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

(Exactly as printed on card)

Signature of Cardholder: \_\_\_\_\_



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**PLEASE COMPLETE THE FORM AND MAIL, FAX OR EMAIL TO 508-807-0104 OR OFFICE@ALLSTATEWASTEINC.COM**