



Farmer Termite Control

Since 1953

Credit Card Authorization Form

Owner Information:

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work/Cell Phone _____

Date of Agreement: _____
Type
<input type="checkbox"/> New Contract <input type="checkbox"/> Revision
<input type="checkbox"/> Work Completed <input type="checkbox"/> YTC

I, the undersigned, hereby authorize Farmer Termite Control to bill the below listed credit card for all reoccurring fees and other charges as outlined in the terms and conditions of the contract.

Name as it appears on Credit Card:

(Print) _____

Credit Card Billing Address:

(If different from above) _____

Card Holders Signature _____ **Date:** _____

Type of Card: Visa MasterCard

Card Number: _____

Expiration Date (Month/Year) _____

AVS Code (last three digits on back of card) _____

Amount Charged: \$ _____