CREDIT CARD AUTHORIZATION FORM

Please <u>PRINT</u> all sections and return this form:

I (we) hereby authorize Werlor, Inc., hereinafter called BUSINESS, to initiate charges to my (our) Credit-Card account indicated below.

CREDIT CARD INFORMATION:

Please charge the following Credit Card	for the amount(s) listed to Werlor Waste Control:
Visa Card #	
Master Card #	
Expiration Date as shown on the ca	ard: /
3-Digit Verification # as shown or	back of the card:
Werlor account # as shown on	your billing:
Name and billing address the credit card is bille	ed to:
Name:	<u> </u>
Address:City, State, Zip:	added to all credit card & debit card payments.
Email Address:*Providing your email address will allow a cre-	
	arge the card listed above for the amount due Werlor.* at due will be charged within 10 days of invoice date
Customers name as shown on the front of th	e card
	Mail To:
	Werlor, Inc 1420 Ralston Ave Defiance, Ohio 43512
Signature	Defiance, Offio 43312