



1011 E. Main Ave, Suite 205, Puyallup, WA 98372

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Please complete and return to: [ar@ecoluberecovery.com](mailto:ar@ecoluberecovery.com)

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CCV: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize Ecolube Recovery, LLC to charge my credit card above for each invoice generated from signed work orders. I understand that my information will be saved to file for future transactions on my account.

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

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date