

Authorization for Recurring Credit Card Payment

INSTRUCTIONS: DO NOT COMPLETE THIS FORM FOR AUTOPAY VIA BANK ACCOUNT

- Complete all information below and send to form to Alameda County Industries.
- This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name:	
Authorized Signature:	Date:
Authorized Signature: (Optional – For Joint Account) _	
BILLING ADDRESS:	SERVICE ADDRESS: (IF NOT THE SAME)
Street	Street
City	City
State, Zip Code	State, Zip Code
Telephone	Telephone
Billing Account No.	Email (optional)
charge. Please notify ACI if your credit card informatio Check this box if you would like to charge ACI representative will confirm amount when COMPLETED FORMS CAN BE: emailed to: billing@alamedacountyindustries.com faxed to: (510) 357-8693 mailed or hand-delivered to: Alameda County Industries, Billing Dept. 610 Aladdin Avenue, San Leandro, CA 94577	your credit card for any balance due on your account – processing your application.
If you are emailing this form DO NOT include	your credit card information. Any applications received at tered will immediately be deleted and your account will not
Customer Name/Account Name I (We) authorize Alameda County Industries, Inc. (Com	pany) to initiate variable entries to my (our) credit card account.
WE ACCEPT VISA, MASTERCARD AND DISCOVER. TO DURING REGULAR OFFICE HOURS OR WAIT FOR OR	O PROVIDE CREDIT CARD INFORMATION, PLEASE VISIT OUR OFFICE UR REPRESENTATIVE TO CONTACT YOU BY PHONE.
Weekday phone number:	