



FAIRBANKS NORTH STAR BOROUGH

SOLID WASTE DIVISION

455 SANDURI STREET • FAIRBANKS, ALASKA 99701 • (907) 459-1482 FAX (907) 459-1017

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CREDIT CARD AUTHORIZATION

AUTHORIZATION TYPE: NEW AUTHORIZATION CHANGE AUTHORIZATION CANCEL AUTHORIZATION

CREDIT CARDHOLDER INFORMATION (please print)

CARDHOLDER NAME				
TYPE OF CREDIT CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER:
TYPE OF ACCOUNT	<input type="checkbox"/> PERSONAL		<input type="checkbox"/> BUSINESS	
COMPANY NAME				
ACCOUNT NUMBER				Security Code (3-digit):
EXPIRATION DATE				
CARD BILLING ADDRESS				
CITY		STATE		ZIP CODE
PHONE			FAX NUMBER	
EMAIL ADDRESS				

PAYMENT OPTIONS (Select One)

AUTOMATIC PAYMENT	<input type="checkbox"/> MONTHLY AUTOMATIC PAYMENTS (Pay Total Amount Due)	
	<i>Not to Exceed (if required):</i> \$	FNSB ACCOUNT NUMBER #:
	BILLING START DATE: / /	BILLING END DATE: / /
AUTHORIZED AMOUNT	<input type="checkbox"/> ONE-TIME PAYMENT: \$	
	DATE(S) OF SERVICE:	

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above.

- Automatic payment remains in effect with each policy renewal period until you request cancellation.
- Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATE(S) OF SERVICES" referenced above.
- If additional charges will be authorized, a new form will have to be completed.

CARDHOLDER SIGNATURE		DATE	
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