

Easy Payment Options

Please Verify Billing Address & Contact Information:

Company Name: _____ Service Rate: _____

Attention To: _____

Billing Address: _____

Billing Telephone: _____ Fax: _____

Billing Contact Person: _____ Title: _____

E-mail Address: _____

Please Verify Service Address & Contact Information (IF DIFFERENT):

Service Name: _____

Service Address: _____

Service Telephone: _____ Fax: _____

Service Contact Person: _____ Title: _____

Please Initial One of the Following Payment Methods:

_____ **Automatic Payment Program** - You can pay for your service with your credit card or bank checkcard by joining our automatic payment program. Simply complete the authorization below and on the day of your service, your credit card or checkcard will be charged.

_____ **Billing (Pay Net 30 Days)** - A&D will pre-bill at the beginning of each month. This statement will show the month's scheduled services plus any past due amount. (Please verify billing information).

_____ **Pay Your Technician** - Our technicians can take your payment in the form of a check, credit card, bank checkcard or cash after your service has been completed to your satisfaction.

(Customer has the option to change payment options at any time)

Automatic Payment Authorization

I (we) authorize the credit card company listed below to tender payment to A&D for services rendered, when it is charged and to post the payment to our account.

Specify Card Type: _____ Card #: _____ Exp Date: _____

Card Holder's Name (as it appears on the card): _____

A&D is authorized to initiate debit entries against our credit card account listed above for the regularly scheduled services listed above performed by A&D at such times when these amounts become due. I (we) authorize the credit card company to accept any debit entries initiated by A&D to be debited from the account. I (we) have the right to cancel this automatic payment authorization by submitting to A&D written notice 30 days in advance of the intended termination of this authorization. It is the customer's responsibility to copy or notify the credit card company that this authorization is being cancelled. Cancellation of the automatic payment authorization does not cancel the pest control service agreement or the customer's responsibilities there under.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Processed by: _____

Date Entered: _____