



ALLIANCE DISPOSAL

780-538-0551

Credit Card Authorization

Name of Card Holder: _____

Address of Card Holder: _____

City _____ postal code _____

I do hereby authorize Alliance Disposal Ltd to take the monthly account balance or invoice amount from my credit card information as listed below

Visa ____ master card ____

Card Number: _____

Expiry date: _____ 3 Digit number on back of card: _____

Authorized Signature: _____

Print Name: _____

Phone Number: _____

Date: _____