



Aspen Services, LLC
P. O. Box 9
Rockville, MD 20848
301-300-9239 | info@aspen-services.com

Credit Card Billing Authorization Form

In order for Aspen Services, LLC to bill your credit card please complete all fields below and fax to 253-369-7471 or email to info@aspen-services.com.

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

CARD TYPE: VISA, MASTERCARD, DISCOVER (Circle one. American Express NOT accepted)

CARD NUMBER: _____ **EXPIRATION DATE:** _____

CARDHOLDER NAME as it appears on card: _____ **SECURITY CODE:** _____

BILLING ADDRESS (if different than above): _____

I, _____, hereby authorize Aspen Services, LLC to charge the indicated credit card on a periodic basis for the amount due under my account with Aspen Services, LLC. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this Recurring Billing agreement with Aspen Services, LLC. I understand that in order to make any payment changes I will notify Aspen Services, LLC in writing at info@aspen-services.com prior to services to make alternate payment arrangements.

CUSTOMER SIGNATURE: _____ **DATE SIGNED:** _____

MAY BE EMAILED, FAXED TO: 253.369.7471 OR MAILED TO:

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