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 www.gilmoreservices.com

CREDIT CARD PROCESSING AUTHORIZATION AGREEMENT
 FOR ACCURACY PLEASE PRINT IN ALL FIELDS

TYPE OF CREDIT CARD: **MASTERCARD** ___ **VISA** ___
AMEX ___ **DISCOVER** _____

Company/Account Name:		CVV Code:
Cardholder Name (as shown on card):		
Credit Card Number:		Expiration Date: Month: Year:
Credit Card Billing Address:		
Street:		Suite#:
City:	State:	Zip Code:
Billing Phone No:		Work Phone No:
E-mail Address:		
Please Select An Option:		
Recurring Auto-Payment <input type="checkbox"/>		Will Call/E-mail Monthly Authorization to Charge <input type="checkbox"/>
Storage: <input type="checkbox"/>	Shredding: <input type="checkbox"/>	Moving: <input type="checkbox"/> Imaging: <input type="checkbox"/>

Notice to Credit Card Holders: Please Read Before Signing

I authorize Gilmore Services to debit the credit card account indicated in this web form for the noted amount on the schedule indicated. This payment is for Gilmore Service related services only. I understand that this authorization will remain in effect until the schedule end date, or until I cancel it in writing whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this web form. Any claim for damage or lost items cannot be considered as part of the credit card transaction and should be filed directly with Gilmore Services for resolution.

Card Holder Signature _____

Date _____

Email: accounting@gilmoreservices.com

Website: <http://www.gilmoreservices.com>

Gilmore Services Only:

Review Date: _____

Account I.D. _____

Expiration Review: _____