



1900 South Avenue | Staten Island, NY 10314 | (718)6981100 | E:Payables@richmondrecyclingsi.com |  
| www.RichmondRecyclingsi.com |

## Credit Authorization Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\*\*\*Your credit card billing address is required for verification\*\*\*

The undersigned hereby authorizes Richmond Recycling, LLC to use the credit card specified below for payment of all services provided to the company named above. The undersigned also agrees that the facsimile of your signature can be considered authorization to charge the card. Please provide your credit card information below.

Type of Card:  Visa  Master Card  American Express  Discover

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

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Please sign below and email to [payables@richmondrecyclingsi.com](mailto:payables@richmondrecyclingsi.com) when complete.

Card Holder Signature: \_\_\_\_\_

Card Holder Printed Name: \_\_\_\_\_

\*An additional 3% charge is applied to all transaction\*

\* A photocopy of your credit card is required for our records\*