



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: _____

Please sign below and email to 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*