



Rubicon Recycling Inc.
 7895 Tannery rd.
 Rome, NY 13440
 Phone 315-337-2233
 Fax 315-337-2607

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Rubicon Recycling Inc** to make a onetime debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Rubicon Recycling Inc** to charge my credit card
 (Full name)
 account indicated below for _____ on or after _____. This payment is for
 (Amount) (Date)

 (Description of goods/services, Year, Make, Model and when available Hollander & Interchange number.)

Name/Business _____ Contact Name _____
 Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Shipping address is the same as Billing: **If not please fill out shipping information.**

Name/Business _____ Contact Name _____
 Ship Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____		CVC _____	

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. 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 form.