



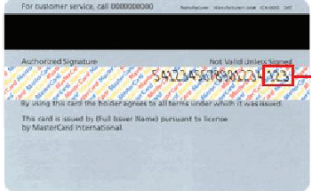





Credit Card Processing Authorization

Please complete all items below to authorize Arrest-A-Pest, LLC to charge services to your credit / debit card. All fields must be filled out. You may either sign & e-mail PDF to admin@2arrestapest.com or you may submit electronically by filling out form & typing your signature below. Thank you!

Name on Card		
Company Name		
E-mail Address		
Payment Method	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Amex    	
Address on Card	Street: _____	
	City: _____ State: _____ Zip: _____	
Card Number		
Expiration Date	Month: _____ Year: _____	
CCV # (3 or 4 digit #)	3 Digit Code _____  Digit Card Verification Number Visa / Master Card / Discover back of card	4 Digit Code _____  Digit Card Verification Number American Express front of card
Authorize Charge	<p>By signing below, I authorize Arrest-A-Pest to charge my credit card account indicated above for all / recurring services rendered.</p> <input type="checkbox"/> Please bill me on a reoccurring basis for services rendered <input type="checkbox"/> YES! For convenience, please bill me for the full year of service! <i>*Please note, there is a .025 administrative charge for all payments via credit / debit card, .035 for Amex.</i>	
Signature	X _____ Date _____ Authorized Signature*	

**If submitting this form electronically, by typing my name above, I recognize that I am signing a form and authorizing payment. I agree that my electronic signature is the legally binding equivalent to my handwritten signature and has the same legal validity and meaning as my handwritten signature.*