



Commercial Accounts Receivable Credit/Debit Card Authorization Form

Kootenai County Solid Waste
3650 N Ramsey Road
Coeur d'Alene, ID 83815
(208) 446-1430 Fax (208) 446-1432

Customer Information

Account Number(s): _____
Customer Name: _____
Service Address: _____ City _____ Zip Code _____
Billing Address: _____ City _____ Zip Code _____
Contact Name: _____
Contact Number: _____
Email Address: _____

Credit Card Information

Name on Card: _____
Card Billing Address: _____

(City) (State) (Zip)
Card Number: _____
Card Type: Visa MasterCard Discover Business Personal
V-Code*: _____ * 3 digit Security/Verification Code located on back of the card
Expiration Date: _____

I, _____, hereby authorize Kootenai County Solid Waste, herein referred to KCSW, to charge my Credit/Debit card for Disposal Fees that accrue from month to month or any past due balances in order to bring our account current. Card must be company or personal card of a owner, principal, or officer of the company.

I will receive a billing statement monthly and it is my responsibility to ensure that funds are sufficient to cover the billing by the 10th of each month. If this transaction is declined the customer will be notified for an acceptable form of payment.

This authorization will remain in effect until KCSW receives written notice of cancellation, or at the discretion of KCSW to request an updated. I acknowledge all information contained herein is accurate, all information is confidential and will not be used for any purpose other than explained.

I am responsible for updating KCSW on any/all changes including choosing another method of payment, or changes to card numbers. I release KCSW from any liability resulting from errors which occur due to any changes that KCSW was not notified of in writing concerning this authorization.

Cardholder Signature: _____
Date Signed: _____