



SHRED INSTEAD CREDIT CARD
AUTHORIZATION FORM

Customer Name: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Card Type: _____ Please Note: We do not accept AMEX

Card Number: _____

Expiration Date: _____ / _____ CSC: _____

Name on Card: _____

Amount Authorized: _____ Invoice #: _____

I authorize Shred Instead to make automatic charges to this Credit Card upon completion of service. Initials: _____

Authorization Signature: _____

Date: _____