



**452 Birchmount Road, Scarborough, Ontario, Canada M1K 1N6  
Office: (416) 690 4311 Fax: (416) 690 9989**

**CREDIT CARD PAYMENT AUTHORIZATION**

I Hereby authorize **EMCO DISPOSAL SERVICES**  
To charge my credit card listed below, for the services  
Provided by **EMCO DISPOSAL SERVICES**

**(Please Print)**

Customer/Company Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Telephone# \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

VISA or MASTERCARD# \_\_\_\_\_

Expiry Date: \_\_\_\_\_

3 Digit Security Code (Back Of Card): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signing this document entitles EMCO DISPOSAL SERVICES to make charges to the credit card listed above. A deposit is required for any service provided by EMCO DISPOSAL SERVICES and a total amount will be determined after service is complete. Charges may be in the excess of \$5000.00, depending on weight of the bin. This is a binding contract. Any disputes or refunds will be dealt with according to this contract within 90 business day.