

Arkansas Elite Turf

8223 Park Avenue – Hot Springs, AR 71901
Tel: 501-545-7926 - Fax: 501-404-0301
www.arkansaseliteturf.com

CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS FOR COMPLETING FORM:

For paperless invoicing please fill out top portion. For AutoPay or PrePay, this form must be completely filled out and a handwritten signature is required. Once completed this form may be mailed to 8223 Park Avenue, Hot Springs, AR 71901, faxed to 501-404-0301 or emailed to arkansaseliteturf@gmail.com.

Customer Name: _____

Street, City, State, Zip: _____

Telephone Number: _____ Fax Number (optional): _____

Email Address (optional): _____

I hereby authorize Arkansas Elite Turf to charge the credit card listed below for payment of service as indicated below. I certify that I am a person who is authorized to use this credit card.

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Billing Zip Code _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Signature: _____ Date: _____

CHARGE INFORMATION:

AutoPay Option

Card is charged after services rendered are rendered.

Yearly Pre Pay Option

Pay entire years balance and Receive 10% discount.

Easy-Pay Option:

Card no. is stored in a and account will be charged after technician provides service. Credit Card information is transmitted, stored, and processed securely on a PCI-Compliant network.

