



**EFR ENVIRONMENTAL SERVICES, INC.**

PO BOX 2669  
ALPINE, CA 91903-2669  
619-722-6781 Fax 619-566-4006

Email: [accounting@efrenvirosd.com](mailto:accounting@efrenvirosd.com)

Website: [efrenvirosd.com](http://efrenvirosd.com)

**EFR CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, herein, authorizes  
*Please Print Name*

**EFR ENVIRONMENTAL SERVICES, INC., to use the following credit card to process our payment (s) on the following invoices:**

<b>Inv# :</b> _____	<b>Dated:</b> _____	<b>Amount:</b> _____
<b>Inv# :</b> _____	<b>Dated:</b> _____	<b>Amount:</b> _____
<b>Inv# :</b> _____	<b>Dated:</b> _____	<b>Amount:</b> _____
<b>Inv# :</b> _____	<b>Dated:</b> _____	<b>Amount:</b> _____

**Credit Card Type:** MasterCard  VISA  American Express  Other

**Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Credit Card Security Code:** \_\_\_\_\_

**BILLING ADDRESS FOR CREDIT CARD:**

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**By:** \_\_\_\_\_  
*Please Print Name*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_