



Western Regional Landfill Inc.

Box 2228, 106 5th Avenue
Kindersley SK, S0L 1S0
landfill@wrl.ca

CREDIT CARD AUTHORIZATION FORM

Credit Card Type: Visa MasterCard

Customer / Business Name (s)

Billing Address:

Street Address or P.O. Box Town Province Postal Code

Cardholder Information:

Name

Card Number: |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Expiry Date: |__|__| / |__|__|

I/We (the above named Customer[s]) authorize Western Regional Landfill Inc.(WRLI) to charge my/our Credit Card as indicated above, monthly, for payments payable to Western Regional Landfill Inc. (WRLI) in respect of:

- a) Each payment shall be the same as if I/we had personally presented the credit card and signed the receipt authorizing to pay Western Regional Landfill Inc. (WRLI);
- b) I/We will notify Western Regional Landfill Inc. (WRLI) promptly in writing or by telephone if I/we change any information pertaining to the credit card;
- c) I/We understand that the Credit Card Company is not responsible to verify whether these payments are properly debited to my/our account;
- d) This authorization may be cancelled at any time upon written notice by me/us to Western Regional Landfill Inc. (WRLI);
- e) I/We understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to Western Regional Landfill Inc. (WRLI) are ended;
- f) I/We am/are all the persons who are required to sign on the above account;
- g) I/We have received a signed copy of this authorization form.

Cardholder: _____

Signature: _____