



Recycling of Contaminated Soil and Industrial Waste.

6700 Alexander Bell Drive
Columbia, MD 21046
410.872.3990

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Soil Safe, Inc. to make a one time debit to your credit card listed below.

By signing this form you give us permission to charge your listed credit card account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I (full name) authorize Soil Safe, Inc. to charge my credit card account

1.) indicated below for \$ (amount) + a 2% processing fee / / (date) Job/Approval# Ship to: Facility

Billing Address Phone#

City, State, Zip Email

Account Type: [] Visa [] MasterCard [] AMEX [] Discover
Personal Credit Card: [] Yes [] No
Cardholder Name: (as it appears on card)
Company Name: (if applicable)
Account Number:
Expiration Date:
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE DATE

In signing this document, I am stating that all the information provided above is valid and true and that the information provided to Soil Safe, Inc. may be used as described. If in fact Soil Safe, Inc. is unable to utilize the credit card information that has been provided, I will provide another means of payment and ensure that payment is made to Soil Safe, Inc. accordingly.