

Card authorization form

I, _____, give permission to Marksman Landscaping, LLC to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

cut/fertilization/additional work
Product/service (circle services)

All fields required

Card information

Card type

- ☐ MasterCard
☐ Discover
☐ VISA
☐ AMEX

☐ Other

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

CVC

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:
Week

- ☐ Email receipts
☐ Mail receipts to:

Payment amount

Product/service sold

To cancel, contact: _____
(Name and email)

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date