

Card Authorization form

Recurring Payment Information

All Fields Required

Charges will accrue after every service provided.

Cardholder (Name on card) _____

Buyer name / Business name _____

I, _____, give permission to Watson Landscaping Services LLC to charge my card for the purchases approved via Lawn Care Agreement Form. I agree that my card details will be stored in my profile and will only be used for approved purchases.

Card type: ☐MasterCard ☐VISA ☐Discover ☐AMEX

Card number: _____

Card Expiration date: _____(MM/YYYY)

Billing ZIP Code for Card _____

Customer signature: _____ Date _____

Amount authorized and payment amount varies based on the prearranged services and/or the additional products and services provided and sold on each service date. Initial _____

Email receipts to: _____

Terms of agreement: (Cancellations must be received 1 week prior to expected billing date.) If there are any questions, if you need to change your card on file, or to request a new form emailed to you, please contact us via text or email: 817-707-5742. info@watsonlandscapingservices.com

Accounting Questions or Issues please email: Jennifer@watsonlandscapingservices.com