



8524 HIGHWAY 6 N. #417
HOUSTON TX 77095
(713)391-9562
(832)530-4904

Credit Card Payment Authorization Form

Sign and complete this form to authorize Blue Irrigation Scapes Inc. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your 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.

Note: On Debit/Credit card payments a 2.9% fee will be charged.

Please complete the information below:

I _____ authorize Blue Irrigation Scapes Inc. to charge my credit card
(Full name)
account indicated below for _____ on or after _____. This payment is for
(Amount) (Date)
_____.
(Description of services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



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One Time ACH Payment Authorization Form

Sign and complete this form to authorize Blue Irrigation Scapes Inc. to make a one time ACH debit to your bank account.

By signing this form you give us permission to debit your 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 _____ authorize Blue Irrigation Scapes Inc. to charge the bank
(Full name)
account indicated below for _____ on or after _____. This payment
(Amount) (Date)
is for _____.
(Description of services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Name on Account: _____
Bank Name: _____
Bank Account #: _____
Bank Routing #: _____
This Bank Account is Enabled for ACH Transactions <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE _____ DATE _____

I authorize the above named business to charge the one time ACH payment indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.