



DATE: \_\_\_\_\_

This is to authorize Westlock Regional Waste Management Commission to debit my/our credit card listed below to clear the balance of the charges owing at the end of every day as required.

MAXIMUM DOLLAR AMOUNT \$ \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_ (Please indicate how you want the credit card receipt sent to you, ie by Fax or Email, if you are unable to be at the office for payment.) circle one: Email/Fax

VISA       MASTERCARD

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date \_\_\_\_\_

Security Code# (3 digit number found on the back of the card) \_\_\_\_\_

Cardholder Name (as it appears on card) \_\_\_\_\_

Cardholder Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER'S TITLE/POSITION IN COMPANY

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

Procedure:

1. Fill out form
2. Turn form into Landfill scale house, you may fax to: 780-349-2995
3. Once completed, let landfill staff know and tickets will be processed immediately.
4. Copies of credit card charges will be faxed or emailed as requested above.

This document will be shredded upon completion of the job.