

**LMR DISPOSAL LLC**  
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### Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Mail, email or fax completed and signed form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. By signing below you agree that no prior-notification will be provided.

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**Please complete the information below:**

I \_\_\_\_\_ authorize LMR Disposal LLC to charge my credit card  
(full name)

indicated below for payment of my (CIRCLE ONE) "Bi-Monthly Bill" OR "Yearly Bill"

Account Number \_\_\_\_\_

Billing Address \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
Billing Zip Code _____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.