



GREENCARE DESIGNS LLC

CREDIT CARD AUTOMATIC PAYMENT AUTHORIZATION FORM

- Print this page, complete and sign the authorization form. **Please print the information.**
- Mail the completed authorization form to:

Greencare Designs LLC
Attention: (Financial Department)
3345 W. Meade
Las Vegas, NV 89149

OR

Fax a copy of the form to (702) 577-0799

- If at any time you wish to stop using your credit card for monthly payment of your GREENCARE account, please notify us in writing 30 days prior to your next scheduled payment date to stop the automatic payment.

GREENCARE DESIGNS LLC • Office: (702) 839-LAWN (5296) • Fax: (702) 577-0799

Email: JONNETT@GREENCARE.NET • Website: GREENCARE.NET

3345 W. Meade • Las Vegas, NV 89110

Nevada Contractor License C-10 #77114 Bid Limit \$140,000.00 and C-14H #77460 Bid Limit \$140,000.00



GREENCARE DESIGNS LLC

CREDIT CARD AUTOMATIC PAYMENT AUTHORIZATION FORM

Customer Name: _____

GREENCARE DESIGNS LLC Account Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____

Terms of Agreement: I authorize GREENCARE DESIGNS LLC to charge my monthly GREENCARE DESIGNS LLC statement charges to my credit card as listed below. No payment to GREENCARE DESIGN LLC shall be deemed to have been made unless and until GREENCARE DESIGNS LLC receives actual credit and may be subject to a rate for late charge. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand my credit card payment of the bill amount will be charged to my credit card on or after the due date indicated in my statement. I also understand that there will be a \$25.00 charge added to my GREENCARE DESIGN LLC account for each payment for or Item that cannot be processed.

NOTE: GREENCARE DESIGNS LLC reserves the right to refuse or terminate automatic credit card payment services. This agreement will remain in effect until GREENCARE DESIGNS LLC terminates it or receives written notification of its termination from the account holder and has sufficient time to act on it.


Name As It Appears On The Card: _____

Billing Address For Card: _____

City: _____ State: _____ Zip Code: _____

Card Number: _____

Card Type:
 Discover Master Card
 Visa American Express



Expiration Date: _____ CVC Code: (3 Or 4 Digit) _____

Signature: _____ Date: _____

Print Name: _____