

MULTIPLE TRANSACTIONS
CREDIT CARD AUTHORIZATION

THE GUTTER COMPANY, INC.

4668 W Electric Ave
West Milwaukee, WI 53219
414-649-9604
accounting@theguttercowi.com

Complete and sign this form, then return it to us by mail or e-mail. Any updates or changes to this information are the responsibility of the signer.

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

FOR PAYMENT TO THE GUTTER COMPANY, INC.

NAME ON CARD: _____

CREDIT CARD ACCOUNT NUMBER: _____

EXP. DATE: _____ CVC: _____

BILLING ADDRESS & ZIP: _____
(if different than above)

CHECK ALL THAT APPLY: AUTO PAY: _____ EMAIL RECEIPTS: _____ MAIL RECEIPTS: _____

I authorize The Gutter Company to initiate debit entries to my account. I have indicated this account and understand that I need to notify The Gutter Company with 7 days notice if I need to have my payment changed to another account. I will verify the accuracy of this application and will promptly notify The Gutter Company of any errors. I further understand that I may cancel the automatic authorization with 7 days notice. I understand that my first use of the service will signify my acceptance of the terms of this account.

Authorization Signature of Cardholder _____

Date _____