



836 NOB HILL RD. QUINLAN TX 75474

PHONE: 903-268-7382

FAX: 903-598-7762

MP# 0002012

OS# 0031447

## DRIP MONTHLY CHARGE AUTHORIZATION

You are authorizing Quality Septic to charge your provided payment method monthly.

BRONZE	\$25.42	SILVER	\$27.45
GOLD	\$31.67	PLATINUM	\$50.00

Starting date of Contract: \_\_\_\_\_ Ending Date of Contract: \_\_\_\_\_

Please charge my card on the 1<sup>st</sup> or the 15<sup>th</sup> of each month until the end of the contract.

Card Number: \_\_\_\_\_ CCV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Exp Date: \_\_\_\_\_ (AMEX 4 digits on front of CC)

Phone #: \_\_\_\_\_ Name: \_\_\_\_\_

**By your initials, you are agreeing with the above contents of this contact with an electronic correspondence. Initials: \_\_\_\_\_**

### Office Use Only

Year: \_\_\_\_\_

- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Year: \_\_\_\_\_

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Year: \_\_\_\_\_

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