



836 NOB HILL RD. QUINLAN TX 75474

PHONE: 903-268-7382

FAX: 903-598-7762

MP# 0002012

OS# 0031447

MONTHLY CHARGE AUTHORIZATION

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

SILVER \$21.25

PLATINUM \$50.00

NORWECO BASIC \$30.00

NORWECO PLATINUM \$63.33

Starting date of Contract: _____ Ending Date of Contract: _____

Please charge my card on the 1st or the 15th 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: _____

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| <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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| <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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