



TEXAS RESOURCE & RECOVERY
Diamond E. Management, LLC

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Customer Name: _____ Date: _____

Phone #: _____ Fax#: _____

Customer Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Security Code: _____ (last 3 digits on the back of the card, 4-digit AmEx Front)

I Authorize _____, (Authorizers Name) ON BEHALF OF _____ (Company Name)

On _____ (today's date) authorize and agree to pay as aforementioned above according to card issuer agreement and/or merchant agreement and agree not to dispute this fax indicating authorization.

Authorized Name & Cardholder (Print) _____

Cardholder's Signature _____

Company Name (Print) _____

Return the completed and signed form to the following: sales@texasrrco.com

Credit Card Terms:

Fees paid by credit card are subject to a statutorily authorized **convenience fee of 2.9 %** of the total fees incurred.