



WASHINGTON  
REFUSE &  
RECYCLING  
ASSOCIATION

## CREDIT CARD AUTHORIZATION FORM

Please Complete this Authorization Form and  
Return to WRRA at [kathy@wrra.org](mailto:kathy@wrra.org)

Cardholder Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Credit Card Type:            Visa            MasterCard            Discover            AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Card Security Code \_\_\_\_\_  
(3-4 digits located on the back of card)

Charge/Billing Amount:    \$ \_\_\_\_\_.

Reference/Invoice # (if applicable): \_\_\_\_\_

*I authorize WRRA to charge the agreed amount listed above to my credit card provided herein. I agree to pay for this transaction in accordance with the issuing bank cardholder agreement.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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