

Credit Card Authorization Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  | | | | Amount Charged | | | | $ | | | |  |
| Company Name |  | | | | | | | | | | | |  |
| Company Address |  | | | | | | Address 2 | | |  | | |  |
| City |  | | | | | State |  | | | | Zip |  |  |
| Phone Number |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |
| **CREDIT CARD INFORMATION** | | | | | | | | | | | | | |
| Card Type (Visa, MC, Discover, AMEX) | | | | |  | | | | | | | |  |
| Card Number |  | | | | | | | | | | | |  |
| Expiration Date |  | | | CVV (last 3-4 digits on back) | | | |  | | | | |  |
| Name as it appears on the card | | |  | | | | | | | | | |  |
| Billing Address |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |
| Phone Number |  | | | | | | | | | | | |  |
| Email for Receipt |  | | | | | | | | | | | |  |
| Authorized Signature | |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |

**Please Email, Fax or Mail Completed Form To:**

Covanta Environmental Solutions

7326 E. Evans Road, Suite B

Scottsdale, AZ 85260

[returns@returnsrx.com](mailto:returns@returnsrx.com)

Fax (480) 659-2353

**OR YOU MAY PAY BY PHONE BY CALLING IN YOUR CREDIT CARD INFO TO (480) 659-9611**