

Sierra Shred, LLC
Credit Card Payment Authorization Form



Simply complete, sign, and send via regular mail to
Sierra Shred, Corporate Office, 6136 Frisco Square Boulevard, Suite 400, Frisco, TX 75034.
You will receive a paid invoice after your payment is processed.
To comply with Payment Card Industry Data Security Standard (PCI DSS) requirements,
we are not able to accept this form sent via email or fax.

Credit Card Billing Information:

COMPANY NAME:	
NAME AS IT APPEARS ON CARD:	
BILLING ADDRESS FOR CARD:	
City / State:	
Zip Code:	
CREDIT CARD TYPE:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number:	
Expiration Date:	

Please select one of the following payment options:

<input type="checkbox"/> Please charge my credit card for the amount of \$_____ for Invoice # _____.
<input type="checkbox"/> Please charge my credit card after each service until further notice.

I authorize Sierra Shred, LLC to charge the credit card above for the service(s) and amount indicated.

CARDHOLDER'S SIGNATURE: _____ DATE: _____