

**San Jose Transport
San Jose Landfill
281 Yamane Drive
Gilroy, Ca. 95020
(408) 848-4441 Bus. (408) 848-1774 Fax**

Credit Card Authorization

Please complete all of the following information. To ensure correct billing, all information should be printed clearly. In addition, a copy of the cardholder's driver's license and the front and back of the credit card is required. Fax all information back to (408) 846-0655. Your assistance is appreciated.

(Please check one)

Type of Credit Card: Visa ___ Master Card ___ American Express ___

Card Number: _____ Expiration Date: _____

Name (as it appears on card): _____

Business name: _____

Billing Address of Cardholder: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Fax: _____

Persons authorized to make purchases from **San Jose Transport/San Jose Landfill** using this credit card:

1. _____
2. _____
3. _____

I, _____ authorized signatory on the above referenced credit card, do hereby authorize **San Jose Transport/San Jose Landfill** to charge my credit card for the amount of the purchase today and for future purchases, unless notified in writing prior to any shipment. I also allow the above named persons to use my credit card and agree to pay for orders placed by them.

Authorized Signature: _____ Date: _____