



1125 80th Street SW
Everett, WA 98203
(425) 353-9701

Customer # _____

Auto Credit Card Payment Option

ALL INFORMATION IS CONFIDENTIAL

AUTHORIZATION FOR PAYMENT BY CREDIT CARD

Use this form to charge your payments to your VISA, MASTERCARD or CHECKING ACCOUNT DEBIT CARD. If this is a new account, please complete and return this form with the credit application.

Company Name (if applicable) _____

Individual's Name: _____

Billing Address as Shown on Your Credit Card Statement :

Signature: _____ Date: _____

Payment methods available:
(check one)

- Automatic Payment
- By Request

Type of Credit Card: VISA MASTERCARD DEBIT CARD (VISA OR MASTERCARD)

Credit Card Number: _____

Expiration Date: _____ Security Code (CVV) _____