



Easy Payment Options and Savings

Please Verify Billing Address & Contact Information:

Company Name: _____ Service Rate: _____

Attention To: _____

Billing Address: _____

Billing Telephone: _____ Fax: _____

Billing Contact Person: _____ Title: _____

E-mail Address: _____

Please Verify Service Address & Contact Information (IF DIFFERENT):

Service Name: _____

Service Address: _____

Service Telephone: _____ Fax: _____

Service Contact Person: _____ Title: _____

Please Initial One of the Following Payment Methods:

_____ **Automatic Payment Program** - You can pay for your service with your credit card or bank checkcard by joining our automatic payment program. Simply complete the authorization below and on the day following your service, your credit card or checkcard will be charged.

_____ **SAVE 4% by Paying a Year in Advance** - The easiest way to pay for your service is to pay for the entire year in advance with a single payment. If you choose this option, Orkin will give you a 4% discount off the present rate.

_____ **Billing (Pay Net 30 Days)** - Orkin will pre-bill at the beginning of each month. This statement will show the month's scheduled services plus any past due amount. (Please verify billing information).

_____ **Pay Your Technician** - Our technicians can take your payment in the form of a check, credit card, bank checkcard or cash after your service has been completed to your satisfaction.

(Customer has the option to change payment options at any time)

AUTOMATIC PAYMENT AUTHORIZATION

I (we) authorize the credit card company listed below to tender payment to ORKIN for services rendered, when it is charged and to post the payment to our account.

VISA / MC / AMEX / DISCOVER #: _____ **Expiration Date:** _____
(Circle appropriate card type)

Card Holder's Name (as it appears on the card) _____

Orkin is authorized to initiate debit entries against our credit card account listed above for the regularly scheduled services listed above performed by Orkin at such times when these amounts become due. I (we) authorize the credit card company to accept any debit entries initiated by Orkin to be debited from the account. I (we) have the right to cancel this automatic payment authorization by submitting to Orkin written notice 30 days in advance of the intended termination of this authorization, this authorization will remain in effect until Orkin has received that written notification of termination. It is the customer's responsibility to copy or notify the credit card company that this authorization is being cancelled. Cancellation of the automatic payment authorization does not cancel the pest control service agreement or the customer's responsibilities there under.

Date _____ **Signature** _____

FOR OFFICE USE ONLY

Processed by: _____

Date Entered: _____