



CREDIT CARD AUTHORIZATION

DATE: _____

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION
FAX COMPLETED FORM TO (915) 859-3308

CARDHOLDER NAME:

FIRST: _____ LAST: _____ M.I.: _____

BILLING ADDRESS:

STREET: _____ CITY: _____ ST: _____ ZIP CODE: _____

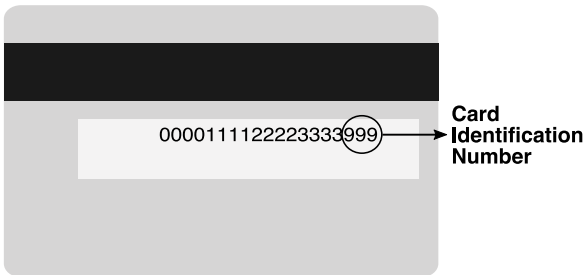
CREDIT CARD TYPE:

AMEX DISCOVER MASTERCARD VISA

CREDIT CARD INFORMATION:

CREDIT CARD NUMBER: _____ EXP DATE: _____

CARD IDENTIFICATION NUMBER: _____
(LAST 3 DIGITS LOCATED ON THE BACK OF THE CREDIT CARD)



AMOUNT TO CHARGE: \$ _____ . ____ (USD)

*I authorize El Paso Recycling, Inc. to charge the agreed amount listed above to my credit card provided herein.
I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.*

CARDHOLDER - PRINT NAME, SIGN, AND DATE BELOW:

PRINT: _____

SIGNED: _____

DATED: _____