



**V.I.P. Landscaping And Lawn Care**  
**CREDIT CARD AUTOMATIC PAYMENT AUTHORIZATION FORM**

- Print this page, complete and sign the authorization form. **Please print the information.**
- Mail the completed authorization form to:

V.I.P. Landscaping And Lawn Care  
Attention: Receipts Administration  
6955 N. Durango Drive, Suite 1115-354  
Las Vegas, NV 89149

**OR**

**Fax a copy of the form to (702)750.0381**

- If at any time you wish to stop using your credit card for monthly payment of your V.I.P. Landscaping And Lawn Care account, please notify us in writing 30 days prior to your next scheduled payment date to stop the automatic payment.



**V.I.P. Landscaping And Lawn Care  
CREDIT CARD AUTOMATIC PAYMENT AUTHORIZATION FORM**

Customer Name: \_\_\_\_\_

V.I.P. Landscaping And Lawn Care Account Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**Terms of Agreement:** I authorize V.I.P. Landscaping And Lawn Care to charge my monthly V.I.P. Landscaping And Lawn Care statement charges to my credit card as listed below. No payment to V.I.P. Landscaping And Lawn Care shall be deemed to have been made unless and until V.I.P. Landscaping And Lawn Care receives actual credit and may be subject to a rate for late charge. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand my credit card payment of the bill amount will be charged to my credit card on or after the due date indicated in my statement. I also understand that there will be a \$25 charge added to my V.I.P. Landscaping And Lawn Care account for each payment or item that cannot be processed.

Note: V.I.P. Landscaping And Lawn Care reserves the right to refuse or terminate automatic credit card payment services. This agreement will remain in effect until V.I.P. Landscaping And Lawn Care terminates it or receives written notification of its termination from the account holder and has sufficient time to act on it.

Credit Card Type (Circle One):    

Name As It Appears On The Card: \_\_\_\_\_

Billing Address For Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

V.I.P. Landscaping And Lawn Care - Phone: 702.423.1944 Fax: 702.750.0381  
E-mail: Info@VIPLandscapingLV.com Website: www.VIPLandscapingLV.com  
6955 N. Durango Rd. Ste. 1115-354 - Las Vegas, NV 89149  
Nevada Contractors License#69752, Bid Limit \$100,000, Bonded & Insured