



Optional Automatic Monthly Charge PAYMENT AUTHORIZATION

Please Provide the Following Credit/Debit Card Information
(Remember to print legibly and in black or blue ink)

Please Apply Payment
to the Following Account: _____

Type of Card: VISA MasterCard
(We do not accept American Express or Discover cards)

Credit Card No: - - -

Expiration Date: / Security Code
(2-digit month and year) (3 digits on back of card)

Name on Credit Card: _____

Amount of Charge: **BALANCE OF ACCOUNT***

PERPETUAL BILLING AUTHORIZATION *

I (We) hereby authorize McKenzie Mist to charge my (our) credit/debit card for delivery of services and/or goods per my (our) delivery agreement (or that of another if indicated) as deliveries are made. I understand and agree that this authorization will remain in effect until I provide McKenzie Mist with written notice to discontinue use of this method of payment.

Signature _____ Date _____

Printed Name & Title _____

*** Please Hand Deliver, Fax, or Mail This Completed Sheet To Complete Your Payment Authorization**

Sending by Fax
Fax #: 541.747.8147
Attention: Billing Department

Sending by Postal Mail
McKenzie Mist
240 Main Street
Springfield, OR 97477