



**GALLATIN
SOLID WASTE
MANAGEMENT DISTRICT**



Credit Card Authorization and Consent Form

This information is confidential. This form will only be kept by Gallatin Solid Waste Management District's Accounting Department.

I, _____ hereby authorize

The following employees to charge to my credit card for disposal services at the Logan Landfill or the Bozeman Convenience Site.

Type of Card Visa MasterCard

Credit Card Number: _____ CVV _____

(3-digit code on back of card)

Expiration Date: _____

Name as Appears on Card: _____

Credit Card Billing Address: _____

By Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of the credit card payment.

Authorized Signature of Cardholder: _____ Date: _____

Once signed return to: Gallatin Solid Waste Management District, P.O. Box 461, Three Forks, MT 59752. Telephone: 406.582.2494 Fax: 406.582.2491 E-mail:

Dawn.Chretien@gallatin.mt.gov