



COMPLETE

LAWN SERVICE INCORPORATED

6206 GRAVEL AVENUE
ALEXANDRIA, VA 22310

(703) 560-LAWN (5296)
(703) 822-0699 (Fax)
www.completelawn.com

Credit Card and Email Authorization Form

_____ I would like to pay my current balance or deposit due of \$_____ with the credit card shown below.

_____ I would like to set up my account to have the balance due automatically billed to the credit card shown below. I understand that this will continue to be billed unless I notify Complete Lawn Service in writing to discontinue credit card billing, or until the credit card expiration date.

_____ I would like to receive future billings via email. I understand that this will replace the paper copy I normally receive via US Postal Service.

Customer Name

CLS Account Number

Today's Date

Worksite Address

City

State

Zip

Email Address

Home Phone

Alternate Phone

Credit Card Number

Expiration Date

Security Code (3 or 4 digit)

Name as It Appears on Credit Card

Customer Signature

Credit Card Billing Address

City

State

Zip

**Please return completed form to us via mail to the above address,
or you may fax this to us at (703) 822-0699.**

**If you have any questions, we are in the office Monday through Friday
from 9:00 a.m. until 3:30 p.m. and would be more than happy to answer your questions
during that time, or you can contact Annie Del Conte via email at: office@completelawn.com**