



(469) 757-0286

(888) 556-LAWN

P.O. Box 962

Rockwall, TX 75087

Web: www.lawnsquadservices.com

Email: info@lawnsquadservices.com

Dear Customer,

For the ultimate in convenience, choose the **Automatic Credit Card Payment Plan**. Never worry about sending in a payment on time again!

Your credit card will be charged at the *beginning of the month* for any services completed up until the last day of the *prior month*. For customers on a monthly installment plan, your card will be charged for the monthly installment amount, as well as any other services completed in the *prior month*.

If you would like to enroll today, please follow these simple steps:

- Enter your Lawn Squad account information along with the credit card information for the card you would like to enroll on the Automatic Credit Card Authorization Form
- Sign, date, and return the Automatic Credit Card Authorization Form

- by postal mail to: **P.O. Box 962, Rockwall, Texas 75087**

- by email to: **info@lawnsquadservices.com**

If you have any questions or would like more details about the Automatic Credit Card Payment Plan, please feel free to contact us!

Thank You,

Lawn Squad Services, LLC.

Automatic Credit Card Authorization Form

I authorize Lawn Squad Services, LLC. or its subsidiaries to initiate deductions from my credit card account when payments are due for my accounts with Lawn Squad or its subsidiaries. I authorize the credit card company specified on this form to accept deductions initiated by Lawn Squad.

I make this authorization subject to the following conditions:

Deductions will be made from the credit card account specified on this form.

I have the right to recover the amount of any erroneous deduction made by Lawn Squad or its subsidiaries as a credit to my account.

I have the right to terminate this authorization at any time by notifying Lawn Squad in writing. Termination will take effect within a maximum of three business days after receipt of the request.

Print Full Name: _____

Lawn Squad Customer Acct No. to be enrolled: _____

Name as it appears on credit card: _____

Billing address for credit card: _____

Credit card type (Circle One): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit card number: _____

Security code: _____

(the last 3-4 numbers in the signature box on the back of the card, or 4 numbers on front of AMEX card)

Expiration date: _____

Signature: _____ Date: _____