



Card authorization form

I, _____, give permission to The Bugman Pest Control to charge
Client Name

my card within 72 hours of any invoices being issued to my account. My card details will be stored securely on a third party server and can be removed at any time.

All fields required

Card information

Card type

- MasterCard
- Discover
- VISA
- AMEX

Other

Cardholder (Name on card)

Card number

CVC

Expiration date
(MM/YYYY)

Postal code
(From credit card billing address)

Recurring payments information

Cards are charged within 72 hours of invoices being issued.

Email receipts to:
(Name and email)

Cancellation Policy

To cancel, email info@bugmanbc.com

Cancellations for pest control services must be received 1 week prior to the expected billing date

Customer signature

Date