



EASY PAYMENT OPTION

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ Service Rate _____

Welcome to Ready Pest Control! Thank you for choosing us as your Pest Control Company. Please select the payment option that is best for you:

_____ **Automatic Payment Program.** You can pay for your service with a credit card or bank check card by joining our Automatic Payment Program. Simply complete the authorization below and on the day following your service, your credit card or bank check card will be charged.

_____ **SAVE 5%! Pay a Year in Advance for Your Service.** The easiest way to pay for your service is to pay for the entire year in advance with a single payment. If you choose this option, Ready Pest Control will give you a 5% discount off the present rate.

AUTOMATIC PAYMENT AUTHORIZATION

I (we) authorize the credit card or bank check card company below to tender payment to READY PEST CONTROL for services rendered, when it is charged, and to post the payment to our account.

VISA • MC • DISCOVER • AMEX # _____ Expiration Date _____

Card Holder's Name (as it appears on the card) _____

CVV# _____ (3 digit # on back of card)

Ready Pest Control is authorized to initiate debit entries against our credit card or bank check card account listed here for the regularly scheduled services performed as listed above. I (we) authorize the bank check card company or credit card to accept any debit entries initiated by Ready Pest Control to be debited from the account. I (we) understand that payment for those services after the initial service will be debited after service is performed by Ready Pest Control. I (we) have the right to cancel this automatic payment authorization by submitting to Ready Pest Control written notice 30 days in advance of the intended termination of this authorization. Cancellation of the automatic payment authorization does not cancel the pest control service agreement or the customer's responsibilities thereunder.

Date _____ Signature _____

FOR OFFICE USE ONLY

Administered by _____ Date _____ one time ____ recurring ____