



# FAIRBANKS NORTH STAR BOROUGH

SOLID WASTE DIVISION

455 SANDURI STREET • FAIRBANKS, ALASKA 99701 • (907) 459-1482

FAX (907) 459-1169

## AUTHORIZATION TO USE CREDIT CARD

FNSB Solid Waste Division is authorized to use the following credit card issued to the undersigned.  
A copy of Cardholder's driver's license & actual credit card (black out all but last 4 digits) is required to accompany form.  
Driver must present credit card for payment. (American Express not accepted at this time.)

Cardholder's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone, Email: \_\_\_\_\_ / \_\_\_\_\_ Driver's License# & State: \_\_\_\_\_

Card Type: Visa  MC  Discover  Other  \_\_\_\_\_

Last 4-digits of Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

To pay for services furnished by FNSB Solid Waste Division at our request on the following conditions; amount determined upon checkout. This authorization is valid through: date: \_\_\_\_\_ or,  ongoing until rescinded.

**FAX CLEAR COPY OF DRIVER'S LICENSE & CREDIT CARD (BLACK OUT ALL BUT LAST 4 DIGITS)  
TO (907) 459-1169.**

1. I authorize the person listed below to charge tipping fees for disposal services to the credit card in their possession matching the last 4 digits above. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. (If multiple employees are utilizing the card, please complete Page 2)

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License State & #: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License State & #: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

2. The credit card will be processed only by authorized employees of by Fairbanks North Star Borough Solid Waste Division.

The undersigned will give immediate notice to FNSB Solid Waste Division, if the credit card is canceled or lost & agrees to indemnify FNSB Solid Waste Division against any loss sustained through failure of credit card issuer to make payment.

Dated at \_\_\_\_\_, \_\_\_\_\_ this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

City

State

Month

\_\_\_\_\_  
Company Name - Type or Print

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone # & Email

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Fax #

If you have questions concerning this form, please contact Katrina Sharp, (907) 459-1168, ksharp@fnsb.us

**ADDITIONAL DRIVERS AUTHORIZED TO USE CREDIT CARD LISTED ON PAGE 1.**

I authorize the person listed below to charge tipping fees for disposal services to the credit card in their possession matching the last 4 digits above. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. (If multiple employees are utilizing the card, please provide same information on separate accompanying sheet)

C. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License State & #: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

D. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License State & #: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_