



**Personal Account - Automatic Replenishment Form**

PO Box 3858 Portland Maine 04104 Phone: 888-682-7277 Fax: 207-482-8800

Account # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Automatic Payment Additions**

(Credit card information must be indicated below)

Automatic Replenishment Amount \$ \_\_\_\_\_

(\$20.00 minimum for 1 tag; \$40.00 minimum for 2 or more tags)

**Payment Selection**

Credit Card Type:  Visa  MasterCard  Discover  American Express

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Name: \_\_\_\_\_  
(First Name) (MI) (Last Name)

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

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

X \_\_\_\_\_  
Card Holder Signature (required if different from account holder)

X \_\_\_\_\_  
Account Holder Signature

**Cancellations:**

I wish to cancel my:  Automatic Replenishment

X \_\_\_\_\_  
Account Holder Signature

CSR \_\_\_\_\_ Date \_\_\_\_\_ (For office use only)  
Processed by \_\_\_\_\_ Date \_\_\_\_\_