

## Personal Account - Automatic Replenishment Form

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

Card Holder Name:    (First Name)	Account # Last Name	First Name MI
Automatic Replenishment	Automatic Payment Additions	
Section   Payment Selection   Credit Card Type:   Visa   MasterCard   Discover   American Express	(Credit card information must be indicated below)	
Payment Selection  Credit Card Type:    Visa	☐ Automatic Replenishment Amount \$	_
Credit Card Type:	(\$20.00 minimum for 1 tag; \$40.00 minimum for 2 or more tags)	
Card Holder Name:    (First Name)	Payment Selection	
Card Holder Name:    (First Name)	Credit Card Type: □ Visa □ MasterCard □ Di	scover
State	Credit Card #	Expiration Date
X X	Card Holder Name: (MI)	(Last Name)
X	Billing Address:	
Card Holder Signature (required if different from account holder)  Cancellations:  I wish to cancel my:	City/Town:	State Zip Code
I wish to cancel my:  Account Holder Signature  CSR Date  Account Holder Signature  (For office use only)	X	x r) Account Holder Signature
CSR Date (For office use only)	Cancellations:	
CSR Date	I wish to cancel my: ☐ Automatic Replenishment	XAccount Holder Signature
CSR Date		
	CSR Date	