Personal Account - Automatic Replenishment Form

2360 Congress Street Portland Maine 04102 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

(For office use only)

CSR_____ Date_____

Processed by_____ Date_____