

Card on File Agreement

Complete form and return to Electronics Recovery Center (5650 Carey Avenue, Davenport, IA 52807) or
Scott Area Landfill (11555 110th Avenue (County Road Y-48, Buffalo) Davenport, IA 52804).

I, _____, as the owner or authorized representative of

_____, (herein referred to as "Company")

authorize Waste Commission of Scott County (herein referred to as "Commission") to keep the below listed business credit card information on file for the purpose of collecting payment of disposal fees whenever waste is hauled into the Waste Commission of Scott County. The business relationship between the Commission and the Company relies on a payment in full at the time of disposal. Card information will remain on file until I notify the Commission that I wish to modify the card information on file or discontinue participation in the card on file agreement.

Company Name

Billing Address: City, State, Zip

Cardholder: Full Name

Email

Phone Number

Authorized Signature

Date

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number

Expiration Date
