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P.O. Box 962

Rockwall, TX 75087

Web: [www.lawnsquadservices.com](http://www.lawnsquadservices.com)

Email: [info@lawnsquadservices.com](mailto:info@lawnsquadservices.com)

Dear Customer,

For the ultimate in convenience, choose the **Automatic Credit Card Payment Plan**. Never worry about sending in a payment on time again!

**Your credit card will be charged at the *beginning of the month* for any services completed up until the last day of the *prior month*.** For customers on a monthly installment plan, your card will be charged for the monthly installment amount, as well as any other services completed in the *prior month*.

If you would like to enroll today, please follow these simple steps:

- Enter your Lawn Squad account information along with the credit card information for the card you would like to enroll on the Automatic Credit Card Authorization Form
- Sign, date, and return the Automatic Credit Card Authorization Form

- by postal mail to: **P.O. Box 962, Rockwall, Texas 75087**

- by email to: **[info@lawnsquadservices.com](mailto:info@lawnsquadservices.com)**

If you have any questions or would like more details about the Automatic Credit Card Payment Plan, please feel free to contact us!

Thank You,

Lawn Squad Services, LLC.

**Automatic Credit Card Authorization Form**

I authorize Lawn Squad Services, LLC. or its subsidiaries to initiate deductions from my credit card account when payments are due for my accounts with Lawn Squad or its subsidiaries. I authorize the credit card company specified on this form to accept deductions initiated by Lawn Squad.

I make this authorization subject to the following conditions:

Deductions will be made from the credit card account specified on this form.

I have the right to recover the amount of any erroneous deduction made by Lawn Squad or its subsidiaries as a credit to my account.

I have the right to terminate this authorization at any time by notifying Lawn Squad in writing. Termination will take effect within a maximum of three business days after receipt of the request.

Print Full Name: \_\_\_\_\_

Lawn Squad Customer Acct No. to be enrolled: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing address for credit card: \_\_\_\_\_

Credit card type (Circle One): VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

Credit card number: \_\_\_\_\_

Security code: \_\_\_\_\_

(the last 3-4 numbers in the signature box on the back of the card, or 4 numbers on front of AMEX card)

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_