



Residential Credit Card Authorization Form

OWNER/BILLING INFORMATION

Property-owner: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Contact Name: _____ Email Address: _____

SERVICE LOCATION & TENANT INFORMATION

Tenant Name: _____ Service Address: _____

City: _____ State: _____ Zip Code: _____

Contact on Site: _____ Telephone: _____

CREDIT CARD INFORMATION

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

Name on Card: _____ Telephone: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

CC Number: _____ Exp Date: _____ / _____ CVC: _____

I, _____ authorize Bacon Nation Inc. to charge the above credit card for any testing or repairs made to the property. I authorize work to be done without the homeowner present. If I cannot be reached for the repair authorization, I authorize Bacon Nation Inc. to charge the \$39.00 business hours service fee to my credit card. If set for bill out, if payment is not received within 15 days, I authorize Bacon Nation Inc. to charge all past due balances to my credit card.

Signature Required X _____ Date: _____ / _____ / _____

Please email this completed form back to: info@everyonelovesbacon.com

If you have any questions, please contact us at 972-722-4006.