

**Office Use Only**

LF Account #: \_\_\_\_\_

HHM Account #: \_\_\_\_\_

ERC Account #: \_\_\_\_\_

**Card on File Agreement**

Return completed form to the Scott Area Landfill at 11555 110th Avenue, 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