



Credit Card Authorization Form

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential.

Please fill out and fax back to 956-968-8127 or scan and Email to admin@maverickrgv.com.

Billing Address:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Credit Card Information:

Type: Visa – Mastercard - Amex

Credit Card #: _____ Exp. Date _____

CVV/or 4 Digit Code (Amex): _____

Signature: _____ Date: _____

I authorize Ricana, LLC d/b/a Maverick Industrial Services and/or d/b/a Maverick Shredding to charge the agreed upon amount to my credit card listed above.