



Powering Today. Protecting Tomorrow.

## Credit Card Authorization Form

Customer Name	
Name on Credit Card	
Type of Credit Card	
Expiration Date	
Credit Card Number	
Amount of Charge	\$
Invoice Number(s) e.g. TRMDE-00-1100	Use separate sheet if necessary
Prepayment	
*Plant Facility	*Note: If prepayment is for multiple facilities, please indicate amount for each facility
Customer Authorization for Above Charge	

Please fill out, sign and fax back to 862.345.5430 Attn: Credit Card Processing. If you have questions, please call our Card Processing group at 862.345.5470. This form can also be emailed to [TRMCC@covantaenergy.com](mailto:TRMCC@covantaenergy.com)

### FOR CASH APPLICATION USE ONLY

Charge Request Date		Transaction Completion Date	
Customer #		Approval Code	
Applied to Customer Invoice(s)			
Date of Cash Application			

<b>TRANSACTION DECLINED</b>							
Customer Notification Date							
Funds to be paid		Check		EFT		Other	

<b>PLEASE FAX CUSTOMER RECEIPT TO</b>			
Name		Fax	