




AUTOMATIC PAYMENT ENROLLMENT FORM

CARDHOLDER INFORMATION		
Customer Name	Parks & Sons Account Number(s)	
Cardholder Name (as it appears on the card)		
Cardholder Billing Address (on file with card company)		
City	State	Zip Code
Telephone	Email Address	
PAYMENT AUTHORIZATION		
Credit/Debit Card Type		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Card Number	Expiration Date <input type="text"/>	
Card Identification Number / CVV2	<div style="text-align: center;"> <p>Back of Your Credit Card</p>  </div>	
<p><i>Please reference the picture to the right for the location of this number on your card. For Visa, MasterCard, and Discover, this is the 3-digits on the reverse of the card.</i></p>		
<p>By signing this Automatic Payment Enrollment Form, I authorize the purchase of services/merchandise from Parks & Sons of Sun City, Inc. I agree that I will pay according to my bank's card Agreement and indemnify and hold Parks & Sons of Sun City, Inc., harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the card charge slip. My signature further authorizes Parks & Sons of Sun City, Inc. to electronically debit my account referenced above within two (2) days of the billing due date to pay the total amount due on my account(s). To terminate this Automatic Payment Enrollment, I will contact Parks & Sons of Sun City, Inc. Should any automatic payment be rejected for non-sufficient funds, I understand that my account will be assessed an NSF fee.</p>		
Signature	Date	

FAX COMPLETED FORM TO (623) 977-7518 OR EMAIL TO: SERVICE@PARKSANDSONS.COM

Directions: Please print this page, fill in all information above, and fax to Parks & Sons at (623) 977-7518. The completed form may also be emailed to service@parksandsons.com. If you prefer to mail the form, send to: Parks & Sons, 11217 W. Nevada Ave., Youngtown, AZ 85363.