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## Customer Sign Up Recurring Payment Authorization Form

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Account Number \_\_\_\_\_

### CUSTOMER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (       ) \_\_\_\_\_

Email Address \_\_\_\_\_

### PRODUCT INFORMATION

Item # \_\_\_\_\_ Description \_\_\_\_\_ Price \_\_\_\_\_

Item # \_\_\_\_\_ Description \_\_\_\_\_ Price \_\_\_\_\_

Item # \_\_\_\_\_ Description \_\_\_\_\_ Price \_\_\_\_\_

Delivered On The (Circle One)      1st                      2nd                      3rd                      4th

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

### CREDIT CARD INFORMATION (To be completed by the customer)

I authorize PET FOOD VALET LLC to automatically bill the card listed below monthly as specified:

Amount \_\_\_\_\_ ( Plus Applicable Sales Tax )      Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Type:     VISA     MasterCard     AMEX     Discover

Cardholder Name \_\_\_\_\_      Zip Code \_\_\_\_\_  
(From Billing Address)

Card Number \_\_\_\_\_      Expires \_\_\_\_\_ / \_\_\_\_\_

Customer Signature \_\_\_\_\_      Date \_\_\_\_\_

Service can be cancelled at any time