



**GALLATIN  
SOLID WASTE  
MANAGEMENT DISTRICT**



**Credit Card Authorization and Consent Form**

**This information is confidential. This form will only be kept by Gallatin Solid Waste Management District's Accounting Department.**

I, \_\_\_\_\_ hereby authorize

The following employees to charge to my credit card for disposal services at the Logan Landfill or the Bozeman Convenience Site.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Card     Visa     MasterCard     Discover

Credit Card Number: \_\_\_\_\_ CVV \_\_\_\_\_

(3-digit code on back of card)

Expiration Date: \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

By Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of the credit card payment.

Authorized Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

Once signed return to: Gallatin Solid Waste Management District, P.O. Box 461, Three Forks, MT 59752. Telephone: 406.582.2494 Fax: 406.582.2491 E-mail:

[Dawn.Chretien@gallatin.mt.gov](mailto:Dawn.Chretien@gallatin.mt.gov)