



**ROCKLAND COUNTY  
SOLID WASTE MANAGEMENT AUTHORITY**

420 Torne Valley Road, P.O. Box 1217  
Hillburn, NY 10931  
tel 845-753-2200

**Howard T. Phillips, Jr.**  
Chairman

**Anna Roppolo**  
Executive Director



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## Credit Card Authorization Form

For use in  Clarkstown  Haverstraw  Hillburn

(check all applicable) **DO NOT FAX OR EMAIL COMPLETED AUTHORIZATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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Name of Card Holder (exactly as it appears on card): \_\_\_\_\_

Street Address of Card Holder: \_\_\_\_\_

City, State, Zip of Card Holder: \_\_\_\_\_

Phone Number of Card Holder: \_\_\_\_\_ Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Credit Card Expiration Date: \_\_\_\_\_

New Card? \_\_\_\_ Additional Card? \_\_\_\_ Replace Credit Card on File? \_\_\_\_ Which Type of Card?

\_\_\_\_\_ Which Credit Card No? \_\_\_\_\_

*I hereby authorize the Rockland County Solid Waste Management Authority to charge the above credit card for any and all fees incurred at all the Solid Waste Authority Facilities.*

Authorized Signature of Card Holder: \_\_\_\_\_

Print Name of Authorized Signature: \_\_\_\_\_

**CREDIT CARD AUTHORIZATIONS MUST BE MAILED OR HAND DELIVERED TO:**

**420 TORNE VALLEY ROAD, ADMINISTRATIVE OFFICE, 1<sup>st</sup> FL, P O BOX 1217, HILLBURN, NY 10931**

**ATTN: JEREMY GOLDSTEIN**