Diamond Mulch, Inc.

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Enrollment Form

For Recurring Credit Card Payments and Email Billing

☐ **I want to enroll in Recurring Credit Card Payments.**

☐ **I want to enroll in Email Billing to receive my invoices via email.** Electronic payment is not required to receive invoices via email.

☐ **I want to enroll in both Recurring Credit Card Payment and Email Billing.**

If you choose to receive invoices via email, the Company will send invoices to the email address provided instead of sending paper invoices. This choice is voluntary and can be cancelled by contacting our Customer Service Department. Allow 2-3 weeks for set up.

Cust #: _____ Print Customer Name _____

Service Address _____City_____State_____ Zip_____

Phone # _____Email Address_____

We offer both Recurring Credit Card Payment and Electronic Funds Transfer from a bank account, see back for EFT details. Please choose one method of payment and provide that information.

☐ **DISCOVER CARD**   ☐ **MASTERCARD**   ☐ **VISA CARD**

Credit card #: _____ Expiration Month _____ Year _____Security Code _____
(on back of card)

Cardholder's information as it appears on your card statement.

Print Card Holder's Name _____

Street Address _____

City, State, Zip Code _____

☐ Beginning with my current outstanding balance.

☐ Beginning with my next billing cycle.

- Customer agrees that all information provided is accurate and complete. Please notify the Billing Dept. of any changes in the status of this account. A fee may apply for returned payments.
- The debit/credit card will be used to pay the customer's bill when charges are posted to the account and will continue until a written notice is submitted to stop automatic payments.
- Please print your name, sign, and date this form.   Return by mail to Diamond Mulch, Inc. Attn: Billing Dept., P.O. Box 432, Mars, PA 16046 or email: billing@diamondmulch.com.

By signing, I authorize Diamond Mulch, Inc. to initiate automatic payments using the card or account information provided above to satisfy my debts.

_____   _____   _____
Print Name   Signature   Date

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