



CIDS, Inc.

753 Hwy 601 South

Lugoff, SC 29078

803-408-9968 (p)

803-408-9969 (f)

office@cidsinc.com

Credit Card Authorization Form

Date: _____

Name _____ Company _____

Address of Card: _____

Phone Number _____ Fax Number _____

I, _____ authorize CIDS, Inc. to charge my
Name on credit card

credit card number _____

(We do not accept American Express)

Expiration Date _____ and security code on back _____.

I authorize CIDS, Inc. to charge my credit card for any and all charges related to my order of a roll off container.

Signature: _____

Signature of card holder (Can Not be computer generated)