



Town of Yarmouth

Sanitation Facility Credit Card Customer Account

Facility access will be allowed using a credit card only. This application allows the Town's credit card vendor to store the credit card information for speed and convenience of processing. If approved an account # will be e-mail to the address provided.

For the Credit Card Holder Information:

First Name:		Last Name:	
Company Name:			
Address:	Address 2:		
Zip Code:			
City:	State:		
Phone Number:	Fax Number:		
Email Address:			
Credit Card Type:			
Expiration Month:	Expiration Year:		
Card #:			
Cardholder:			

Terms and Conditions:

Disposal will be allowed only if a valid credit card is on file. If the Town of Yarmouth does not receive payment for the credit card transaction for any reason admittance to the facility will be suspended until payment is made.

By signing below, I/we hereby agree that if the Town of Yarmouth is required to place any sum outstanding in the hands of an agency for collection, all costs of collection not to exceed 33-1/3% shall be added to the unpaid balance, whether or not legal action is instituted. Any Debtor/Applicant in default shall be liable for all attorney's fees and costs incurred by the Town of Yarmouth in collection of any balance past due.

Once this application is processed by entering the information in the Payment Card Integration compliant credit card vendor's website the credit card number will be blacked out to eliminate access to the paper file resulting in an opportunity for the Town to retain the Credit Card information. The applicant is responsible for providing updated credit card information to the Town , prior to expiration.

Signature	Date
Printed Name	

Submit completed, signed form via e-mail to: rwhitehouse@yarmouth.ma.us. Or by mail to Town of Yarmouth, 597 Forest Forest Rd, West Yarmouth, MA 02664.