

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (347) 254-6307 OR BY REGULAR MAIL.

CLIENT NAME: _____

Cardholder Name: _____ Signature: _____

Billing Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card):



Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at Denton Cleaning's discretion if any charges are declined. Disputes to amounts should be immediately reported to accounting@dentoncleaning.com. Changes in the status of this card can also be reported to accounting@dentoncleaning.com. By signing below you acknowledge that you are the authorized person.

Name: _____ Signature: _____

FAX or send the authorization to:

Denton Cleaning LLC
PO Box 245549
Brooklyn, NY 11224
Phone (718) 333-1181 Fax (347) 254-6307