Customer Information & Credit Card Authorization Form

This is not a credit application, this is a form provided to get contact information and delivery address to ensure customer satisfaction. If you choose to go with your monthly billing option, please fill out the form accordingly.

I, _____, hereby authorize MAGIC CLEANERS, INC. to charge my credit card MONTHLY for services rendered.

Type of Card: ____ Visa ____ MasterCard ____ Amex

____Discover ____Debit/ATM

Card Number: _____-_____-_____-_____

Expiration Date: _____/_____

Name on Card: _____

Billing Address: _____

Apt/Suite/Unit: _____

City: _____ State: ____ Zip:_____

Delivery Address: _____
(if different)

Apt/Suite/Unit: _____

City: _____ State: ____ Zip:_____

Phone Number: (_____) _____-_____

Email: _____@_____

Signature: _____

Date: _____/_____/20_____