Master Cleaner
COMMERCIAL KITCHEN SERVICES

Authorization for Credit Card Use

PRINT AND COMPLETE AUTOMATIC PAYMENT FORM AND RETURN.
All information will remain confidential

Name on Card: _____

Company Name : _____

Billing Address: _____

_____

Credit Card Type: _____ Visa _____ Mastercard ____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Card Security Number: _____ (last 3-4 digits located on the back of the credit card)

I, _____ authorize the use of the above described credit card to purchase services from Master Cleaner Corporation. Service charges and orders may be placed by representatives, employees and or individuals identified here in.

Cardholder – Please Sign and Date

Signature: _____ Date: _____

Print Name: _____