



# Customer Information & Credit Card Authorization Form

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

I \_\_\_\_\_, here by authorize **Magic Cleaners Inc.** to charge my credit card **MONTHLY** for services rendered.

Type of card  Visa  MasterCard  Amex  Discover  Checking

Credit card number     -     -     -

Expiration Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_

Billing Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Delivery Address

Click if delivery address is the same

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## MAGIC CLEANERS INC.

PICKUP & DELIVERY

### 626 - 833 - 4511

