

**"CREDIT CARD AUTHORIZATION 2018"**

*Sparkle Edge Cleaning \* 722- B Main Street, Yarmouthport MA 02675*

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*Thank you for doing business with Sparkle Edge Cleaning.  
To serve you better, we ask you to fill out the following form, to ensure your continued service.*

I \_\_\_\_\_ authorize Sparkle Edge Cleaning *(Please check all that apply)*

Charge the listed credit card for full payment of my balance and (or) Monthly cleaning.

**OR**

Use the listed credit card as a guarantee of payment. This card **WILL NOT** be charged if another form of payment is made per the published Terms. If payment is not made within 15 days of the terms, this card may be used as payment.

**ALSO**

Sparkle Edge may keep this form on file for future business. Please initial \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

**VISA**

**MASTERCARD**

**DISCOVER**

Date \_\_\_\_\_

Account number \_\_\_\_\_ 3 digit code on back \_\_\_\_\_

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

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

Company Name \_\_\_\_\_

Billing address for this card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**PLEASE NOTE: we are no longer offering Sunday cleanings however mid-week cleanings are still available**

Our **Client Portal** is now available for those who would rather pay their account balance online.

Portal Link: <http://SparkleEdgeCleaning.ManageAndPayMyAccount.com>

*(If you have not received your name and password please let us know and we will resend)*

**\*\*THIS FORM WILL BE KEPT IN A SECURE PLACE\*\***