

"CREDIT CARD AUTHORIZATION 2019"

*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****