



CREDIT CARD AUTHORIZATION FORM

Please print and complete this authorization and return to us. All information provided shall remain confidential.

Cardholder Name: _____

Billing Address: _____

Service Address (if different than above): _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ Amex _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: (last 3 digits located on the back of the card) _____

Amount to Charge: _____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this service in accordance with the issuing bank cardholder agreement.

Cardholder- Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Cancellation Policy: This authorization is for agreed upon cleaning services. 48 Hours notice is required for all cancellations. Otherwise a 50% charge of the service will be incurred. Cancellations on appointment date will incur a 100% full charge of service.

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