

Premiere Maid Services, LLC
614 | 465-6243
Website: www.premieremaid.com
Email: service@premieremaid.com



CREDIT CARD AUTHORIZATION FORM:

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type: MASTERCARD VISA DISCOVER AMEX OTHER

Cardholder Name: (as shown on card) _____

Telephone Number: _____

Cardholder Billing Address: _____

Card Number: _____

Expiration Date: _____ (mm/yy) CCID (3-digit): _____ Zip Code: _____

I authorize Premiere Maid Services, LLC to initiate credit card charges to the above referenced credit card account. I understand that my information will be saved to file for future transactions on my behalf. To properly affect the cancellation of this agreement, a ten (10) day written notice is required.

Customer Signature

Date

For office use only:
Date Received: _____
Employee Signature: _____