



JaxPressCleaners
M o b i l e D r y C l e a n e r s

CREDIT CARD AUTHORIZATION FORM

Name (Please Print): _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Telephone: _____

Address where credit card bill is mailed: () Home - () Office

Credit Card Type: Master Card () – Visa () – Amex ()

Account #: _____ - _____ - _____ - _____

Verification Code: _____ Expiration Date: _____

I AUTHORIZE JAX PRESS CLEANERS, INC TO CHARGE MY CREDIT CARD ACCOUNT FOR
SERVICES PROVIDED

Signature: _____