



# CREDIT CARD AUTHORIZATION FORM

## CARDHOLDER INFORMATION

Name: \_\_\_\_\_  
Billing Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  American Express  
 Visa  Other \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date (month/year): \_\_\_\_\_  
Card Verification (CVV) Code: \_\_\_\_\_  
(Last 3 or 4 digits on front or back of card)

### Authorization and Terms

By signing this form, you authorize L.A. Cleaning Experts to securely keep your credit card information on file. You explicitly authorize L.A. Cleaning Experts to charge this credit card for any unpaid or remaining balance for Housecleaning services rendered, if the invoice remains unpaid for **24 hours** from the completion of the service. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 24 hours prior to the payment being collected. Please note that a 3.9% processing fee applies to all transactions.

You understand that this authorization will remain in effect until you cancel it in writing. You agree to notify L.A. Cleaning Experts of any changes to your account information or credit card expiration date at least 48 hours prior to your next scheduled service.

By signing this document, I authorize L.A. Cleaning Experts to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and will not dispute these transactions with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_