

Client Credit Card Authorization

Name: _____ DOB: _____
Address: _____ Phone: _____
City/State/Zip Code: _____ Email: _____

Office Use Only:

Client Credit Card Pre-Authorization

In an effort to better serve our clients and simplify your billing experience, SC Cleaning Services, Inc. offers credit card acceptance.

Charge card information is filed with your confidential client information and kept secure.

TERMS & FEES

Please check one:

- One-time authorization for cleaning services performed on: _____
- SC Cleaning Services, Inc. provides **WEEKLY** cleaning services to the residential/commercial location noted above and I hereby authorize them to charge the amount listed below **AT THE DAY** the services are performed, unless otherwise posted.
- SC Cleaning Services, Inc. provides **BIWEEKLY** cleaning services to the residential/commercial location noted above and I hereby authorize them to charge the amount listed below **AT THE DAY** the services are performed, unless otherwise posted.
- SC Cleaning Services, Inc. provides **MONTHLY** cleaning services to my residential/commercial location noted above and I hereby authorize them to charge the amount listed below **AT THE DAY** the services are performed, unless otherwise posted.

Authorized Amount: \$ _____ x _____ (initial)

PAYMENT INFORMATION

Type of Card:    

Card Number: _____

Expiration Date: _____

Security Code: _____

Card Holder Name: _____

Signature of Card Holder: _____

CHARGES & OTHER POLICIES

- _____ (initial) Please note that Cancellations must be communicated within 24 hour advance otherwise a **\$50.00 fee** will be charged.
- _____ (initial) Please be advised that bouncing transactions will be automatically re-presented and a **\$20 processing fee** will be charged to the card on file.
- _____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.
- _____ (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds will be refunded within **30** days.