

CREDIT CARD AUTHORIZATION

Marstan Cleaners
2204 Hwy 35
Sea Girt, NJ 08750
www.marstancleaners.com

phone-732-223-1231

I authorize Marstan Cleaners to charge my credit card listed below:

CARD TYPE: (VISA/MC/D): _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVV2 CODE: _____

**HOME and CELL
PHONE NUMBERS:** _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

HOLDER SIGNATURE: (x) _____

DATE: _____

SERVICES PAYMENT AGREEMENT

I hereby authorize payment directly to Marstan Cleaners for all services provided to me as their customer. Marstan Cleaners will send the financially responsible party an invoice setting forth the services provided by email, indicating what will be charged to customer's account (truncated), and the date it will be/was charged. The customer's credit card will be charged on the 15th and 28th of each month, unless the date falls on Sunday. Dates that fall on Sunday, the next day the credit card will be charged. If it is charged on another date, customer will be notified by phone and email for reason it was not process on agreed dates. All Credit Records will be stored on a jump drive that will kept be in a fireproof safe and will only be accessible by the owner of Marstan Cleaners. Need to supply your email address to send to you the customer what was charged on agreed dates.

By signing below, the cardholder acknowledges that they have read and understood the Terms, Conditions and Payment Information, and agree to be bound thereby, and are responsible for all charges incurred on this account.

SIGNATURE OF CARDHOLDER/CUSTOMER

DATE

PRINT NAME OF CARDHOLDER/CUSTOMER
E-mail Address: _____

DATE

SIGNATURE OF MARSTAN CLEANERS OWNER

DATE