

(314)221-3472 **Credit Card Authorization Form**

| Cardholder Name: Billing Address: | |
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| Credit Card Type: | □Visa □Mastercard □Discover □AmEx |
| Credit Card Number: Expiration Date: 3 Digit Code from th | e back of the card: (AmEx=4 Digit Code from the front of the card) |
| I authorize Two Ladies Cleaning, LC to charge all fees associated with my account to my credit card provided herein. I agree that I will pay for all charges in accordance with the issuing bank cardholder agreement. I understand a 2.9% convenience fee will be charged. | |
| Client Signature and date | |

I agree to the contents of the above documents with my electronic signature. I agree that this signature is legally binding.