

Authorization Agreement for Automatic Credit Card Billing

I hereby authorize Housekeeping Unlimited, Inc. to initiate a monthly charge to my credit card indicated below. I understand that this amount will vary depending on the amount of services rendered. I also understand that if I wish to dispute a charge, it is my responsibility to contact Housekeeping Unlimited.

Billing Name On Account

Card Type: (circle one) • MasterCard
• Visa

Billing Address

16 Digit Credit Card Number

CVS

Billing City, State, Zip Code

Expiration Date

Charge the card on the
nearest business day after the:

- 1st
- 15th

This authority is to remain in full force and effect until Housekeeping Unlimited has received written notification from me of its termination, in such time and in such manner as to afford Housekeeping Unlimited a reasonable time to act on it. I recognize that I must notify Housekeeping Unlimited of any change in accounts to insure that payment for services rendered is payable.

Customer Name (please print)

Customer Signature

Date