



FLOORS & CARPET CLEANING™

CREDIT CARD AUTHORIZATION FORM

Customer/Property Name: _____

Name as it appears on Card: _____

Billing Address for the card: _____

Credit Card Type: _____

Credit Card #: _____

(3-digit # on back of card required)

Expiration Date: _____

Invoice #'s to be charged:

Amount:

Note: If more space is needed, use the reverse side of this form.

TOTAL AMOUNT OF CHARGE:	\$ _____
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If initialed here, Rasa is authorized to keep this signature on file for use on future orders until revoked by cardholder.

Initials

Authorization Signature _____

Date _____

Name on Driver's License Matches Name on Credit Card Being Charged: _____
Yes

Driver's License Number: _____

Please fax to: 972-245-2089

Mail Original To:
P.O. Box 110067
Carrollton, TX 75011-0067