



Laundry & Cleaners

Please let this serve as an authorization for First Coast Cleaners to charge my credit card monthly for First Coast Cleaners Auto Billing.

Your Name:

\_\_\_\_\_ (Your name as it appears on your credit card)

Type of Credit Card:

Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Address: \_\_\_\_\_ (this address must be the billing address for the credit card holder)

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Emergency Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Jacksonville Beach 610 North 3rd Street 904 246-2790	Jacksonville Beach 1312 S. 3rd Street 904 241-1514	Atlantic Beach 953 Atlantic Blvd. 904 247-9447	Ponte Vedra Beach 152 A1A 904 285-2682
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