

Emilia's Cleaning, Inc.
7125 W. Gunnison St. Suite 223
Harwood Heights IL 60706
www.emiliascleaning.com
773.481.1601

Client Pre Authorization Credit Card Form

Full Name: _____
Address: _____
Phone Number: _____
Email address: _____

In an effort to better serve our clients and to simplify your payment and our billing experience, it is our firm's policy to have this form filled out and returned to our office prior to the next scheduled visit/appointment. All businesses and individuals filling out this form will need to choose from the following option that best fits their preference and also will need to fill out credit card information as a backup payment method for services provided. You may send this form back by mail to our office or scan and email it back to us.

INDIVIDUAL CLIENTS ONLY (HOUSES, CONDOS, APARTMENTS, SELF MANAGED CONDO ASSOCIATIONS)

_____(initial) I chose to set up the following method of payment automatically so that Emilia's Cleaning, Inc. will receive the payment on the same day the services are provided. However, I hereby authorize Emilia's Cleaning, Inc. to charge my credit card if the automatic payment method fails to be delivered.

_____ Chase Quick Pay _____ Venmo _____ PayPal _____ PopMoney _____ Auto check from my bank

_____(initial) I hereby authorize Emilia's Cleaning, Inc. to charge the balance due on my account after each service provided to me.

_____(initial) I chose to leave cash or check at each visit. But, I hereby authorize Emilia's Cleaning, Inc. to charge the balance due on my account after I fail to leave the payment in cash or check at the time of services being provided or after the services have been already provided. No late fee will be charged.

_____(initial) I choose to pre-pay a month in advance for my scheduled services with Emilia's Cleaning, Inc. I will receive \$10 discount each month for pre-payment. I will leave a check or cash in the envelope

at my next scheduled visit. However, I hereby authorize Emilia's Cleaning, Inc. to charge my credit card if I fail to do so each month, at my first scheduled visit with Emilia's Cleaning, Inc. each month.

COMMERCIAL CLIENTS ONLY (OFFICES, BUILDINGS, MANAGEMENT COMPANIES)

____(initial) If I chose to manually pay my account balance, I understand that from the day I receive my invoice, I have 14 days to pay my invoice. After that the balance will be considered past due and additional fee of \$25 will be charged to my total monthly fee. After 14 day period passes, the account balance will be automatically charged to the card on file.

____(initial) I hereby authorize Emilia's Cleaning, Inc. to charge the balance of my account automatically each month. The card will be charged the fee of _____ each month for prior month's services.

____(initial) I hereby authorize Emilia's Cleaning, Inc. to charge a pre-payment amount of _____ at the beginning of each month with a discount fee of \$25 for each month's pre-payment.

Client Name _____

Client Billing Address _____

Card Type: **Visa** **Master Card** **Amex** **Discover**

Card Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder name _____

Signature of the Card holder _____

Date: _____

_____(initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided, if needed. I further agree that in the event my credit card becomes

invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

_____(initial) Charges made for actual services performed by Emilia's Cleaning, Inc are non-refundable. In the event of pre-payment any unused funds will be refunded within 30 days.