



CREDIT CARD AUTHORIZATION FORM

If you would prefer to utilize your credit card, just fill out the information below, sign and return or fax to (561) 833-9695).

Please note: • We need the form **COMPLETELY** filled out in order to process.
• All returns, exchanges, credits, must be pre-approved by Sir Speedy.

Type of Card: Mastercard Visa Discover Am. Express

Customer's Name _____

Account Number _____ Exp Date _____ Code _____
(usually on back of card)

Option #1: One Time Amount Approved \$ _____
Job / Invoice #: _____

Option #2 Keep on file and pay all future monthly invoices with this credit card for
Account #: _____

Print Name (Exactly as it appears on card) _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____

Contact:

Sir Speedy of Palm Beach County
919 North Dixie Hwy
West Palm Beach, FL 33401

Phone: (561) 833-9661
Fax: (561) 833-9695
Attn: Shauna
