



CREDIT CARD AUTHORIZATION FORM:

Name:

CC Billing Address:

City:

State:

Zip:

Card Number:

Exp Mo:

Exp Yr:

CVV:

I authorize Pura Vida Laundry Services to charge my credit card for any and all services rendered. I understand I will be emailed a receipt of the transaction. **Initials Here:**

Signature:

Information only used for billing purposes

Email completed form to info@puravidalaundry.com

www.puravidalaundry.com