

PICKUP/DELIVERY ORDER

CUSTOMER INFORMATION

Name:

Phone:

Home Cell Work

Email:

Address:

City:

State:

Zip:

PAYMENT INFORMATION

Recurring Payment

One Time Payment

Card Type

MasterCard

Visa

AMEX

Discover

Other:

Card Number:

Expiration:

(MM/DD/YYYY)

Security Code:

CVV2

I authorize Hodges Cleaners LLC to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature:

Date:

Mail this form to:
Hodges Cleaners
4765 Hodges Blvd STE 11
Jacksonville, FL 32224

Or Email to:
hodgescleaners@gmail.com