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| **CREDIT CARD PAYMENT AUTHORIZATION FORM** | |
| **432 NE 10th Ave, Portland, OR 97232** | **Phone: (503) 232-8181** |
| **Email: office@newsystemlaundry.com** | **Fax: (503) 235-4133** |

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| NSL Account Name: | {{lead.identifier}} |
| NSL Account Number: |  |
| Please complete and sign the form below. All requested information is required. | |

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|  | RECURRING |

By signing below, I authorize New System Laundry LLC to charge my credit card every week for the previous week’s deliveries. I will promptly notify New System Laundry when the expiration date changes, or the credit card becomes invalid. I understand these charges will continue to be billed to my credit card weekly and that if at any time I wish to discontinue or make changes to this payment method, I must notify New System Laundry in writing. If the card is declined the delivery may be held until payment is received. A 3% Convenience fee will apply.

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| Charge Account Name: |  |
| Card # Visa/MC: |  |
| \*\*CVV Code: |  |
| Expiration Date: |  |
| Billing Address for Card: |  |
| City, State, Zip: |  |
| Phone Number: |  |
| E-MAIL ADDRESS: |  |
| Name of Auth. Person:  (Printed) |  |

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| --- | --- | --- | --- | --- | --- |
| AUTHORIZED SIGNATURE: |  | TITLE: |  | DATE: |  |

***RETURN THIS FORM BY FAX (502-235-4133) OR MAIL (ADDRESS ABOVE)***

***FOR PRIVACY & SECURITY REASONS DO NOT EMAIL THE COMPLETED FORM***