

Maid to Clean[®]

Credit Card Payment Plan Enrollment Form

Name (please print): _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Credit Card: MasterCard Visa

Card Number: _____ Exp: ___ / ___ Authorization code
(usually last 3 digits on back of card in signature line)

Charge my credit card: Every service date Monthly
(For monthly payments, all cleaning services to be provided in the month are charged on the first service date of the month.)

Cardholder signature: _____ Date: _____

By signing this form, the Cardholder agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Please mail or fax the completed form to:

Maid to Clean[®], 3637 Russell Rd., Alexandria, VA 22305

Fax: (703) 548-5077

We will contact you upon receipt of this form to complete your enrollment in the credit card payment plan.