



## Credit Card Authorization Form

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_ (check one)

Name of Cardholder: \_\_\_\_\_ (as it appears on the card)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CSC Number: \_\_\_\_\_ (found on the front of Amex and on the back of Visa and Mastercard)

I hereby authorize **Brighton Laundry** to charge my order and future orders processed on [www.brightonlaundry.com](http://www.brightonlaundry.com) to the above credit card. I certify that I am the authorized cardholder of record and that I have full authority to make purchases on behalf of the account listed above.

I also authorize **Brighton Laundry** to do automatic repairs for up to \$8.00 \_\_\_\_\_ (if yes, please check)

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Once your form is completed please fax it to (617) 787-1448 or email it to  
brightonlaundry@gmail.com

Brighton Laundry | 430 Washington St. Brighton, MA 02135 | (617) 254-3737