



Laundry & Cleaners

Please let this serve as an authorization for First Coast Cleaners to charge my credit card monthly for First Coast Cleaners Auto Billing.

Your Name:

_____ (Your name as it appears on your credit card)

Type of Credit Card:

Visa ____ MasterCard ____ American Express ____ Discover ____

Credit Card # _____ Expiration Date: _____

Signature _____

Date: _____ E-mail Address: _____@_____

Address: _____ (this address must be the billing address for the credit card holder)

City: _____ St. _____ Zip _____

Phone Number: (____) _____-_____

Emergency Number: (____) _____-_____

Jacksonville Beach 610 North 3rd Street 904 246-2790	Jacksonville Beach 1312 S. 3rd Street 904 241-1514	Atlantic Beach 953 Atlantic Blvd. 904 247-9447	Ponte Vedra Beach 152 A1A 904 285-2682
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