



## Pre-Authorization Form

**CONTACT INFORMATION** Please provide the following:

Full Name \_\_\_\_\_

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

Phone Number( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Receipt will be email to the above Email Address**

**CREDIT CARD INFORMATION**

Credit Card: VISA  MASTERCARD

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date (M/Y) \_\_\_\_\_ Credit Card Security Code\* \_\_\_\_\_

Name on Card \_\_\_\_\_

\* The CSC number is located - VISA & MC: On the back of the card, the last three digits just above the signature area.

**CONSENT TO PROCESS TRANSACTIONS**

I, \_\_\_\_\_, hereby authorize Krinkle Klean Ltd. to charge my credit card for payment of services it renders for me/my company. I may cancel this authorization with written notice provided to Krinkle Klean Ltd.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax signed Pre-Authorization Form to (780) 462-1963