



**HUFF-N-PUFF**  
CLEANING SERVICES, INC.

## Credit Card Payment Plan Enrollment Form

Please Print

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

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Credit Card (check one)

Master Card

VISA

Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ CSV Code: \_\_\_\_\_



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 this completed form to:

Huff-N-Puff Cleaning Services, Inc.  
2200A University Blvd. W  
Wheaton, MD 20902

Fax: 301-942-5253