



Credit Card Signature Authorization

Beach Maytag
1568 NE 165th Street
North Miami Beach, FL 33162
305-945-4914

Circle One MasterCard VISA American Express Discover

Account Number _____

Expiration Date _____ / _____ Verification Code _____

Address where credit card bill is mailed: Home Office

Name (please print) _____

Address _____

City State Zip

Email: _____

Telephone: _____

I authorize Beach Magtag to charge my credit card account for services provided.
