



504 Autumn Springs Ct, Unit #18
Franklin, TN 37067
615-599-7778 (Phone)
jandjservices.com

Date: ___/___/_____

Business Name: _____

I authorize J&J Services, Inc. to charge my credit/debit card listed below, or any other credit/debit card I have provided or may provide J&J Services, Inc. over the phone or in writing, for any purchases or past due balances that may occur.

Credit Card Number: _____

Visa, MasterCard, and Discover accepted

Verification Number: _____ (3 numbers on the back of card near signature)

Expiration Date: ___/_____

Billing Address of Credit Card/Debit Card

Name on Card

Street Address

City State Zip Code

Signing this document allows J & J Services Inc. to keep this credit/debit card information, or any other credit/debit card I have provided or may provide J&J Services, Inc. over the phone or in writing, on file for future purchases and any past due balance that may occur.

Print Name: _____

Signature: _____

FAX TO 615-771-7417