



**TODDLIZ, INC.**  
1354 NORTH 7<sup>TH</sup> STREET  
MILWAUKEE, WI 53205  
(414) 223-4078  
EMAIL: [CLEANIT@WOLFSCLEANERS.COM](mailto:CLEANIT@WOLFSCLEANERS.COM)

## Credit Card Authorization Form

Complete this authorization and enclose it with your payment stub from your statement

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

Wolf's Account Number: \_\_\_\_\_

Type of Credit Card (Visa/MC/AMEX/DISCOVER): \_\_\_\_\_

Name As It Appears On Your Card \_\_\_\_\_

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

Expiration Date (Month/Year): \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

I hereby authorize Wolf's Cleaners to initiate entries to my credit card specified above for the purpose of paying my invoice(s).

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_