



F i n e D r y C l e a n i n g

Billing Information

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

E-MAIL _____

MAJOR CREDIT CARD # _____

EXP. DATE _____

CVV2 # (3 Digit number on back of card) _____

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THIS CREDIT CARD WILL BE CHARGED MONTHLY FOR ANY SERVICES RENDERED. IF YOU WOULD LIKE A STATEMENT E-MAILED TO YOU PLEASE PROVIDE YOU E-MAIL ADDRESS ON THE ABOVE LINE.

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT.
I FULLY UNDERSTAND THE CREDIT TERMS AND AGREE TO THE PROPER
PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

SIGNED _____ DATE _____