



*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 \_\_\_\_\_