



ACCOUNT INFORMATION

Please choose the payment option that best fits your needs and return the completed form with your first order of cleaning.

AUTOMATIC DEBIT AUTHORIZATION - I prefer to pay by credit card each month automatically. I hereby authorize 1-800-DryClean to debit my VISA / MC / DISCOVER by the amount of my balance, on a monthly basis. This authorization equates to signing a sales draft for the balance due each month. This agreement shall remain in effect until I notify 1-800-DryClean to cancel it, upon which my balance will be paid in full.

CREDIT CARD SECURITY - I prefer to pay by check on a monthly basis, please send me an itemized statement each month. In order to provide security, I hereby authorize 1-800-DryClean to debit my credit card by the amount of my balance in the event that I have not paid for the previous month's activity by the 25th day of the month. This authorization equates to signing a sales draft for the balance due.

Name _____
Firm _____
Home Address _____
City _____ State _____ ZIP _____
Home Phone # _____ Work Phone # _____ Ext _____
E-Mail Address _____
VISA/MC/DISCOVER # _____ Expiration Date _____

Signature _____ Date _____

I agree to the terms of my selection above.

STARCH PREFERENCE: NO LIGHT MEDIUM HEAVY

SPECIAL CLOTHING CARE INSTRUCTIONS: