



**CUSTOMER PAYMENT  
AND Contact Information**

CREDIT CARD HOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					

ACCOUNT NUMBER			CODE		
EXPIRATION DATE					
BILLING ADDRESS: STREET					
CITY			STATE	ZIP	
PHONE			EMAIL	FAX	

AUTHORIZED BILLING AGENT OF CREDIT CARD	
COMPANY	EXTREME DRY CLEANERS LLC
PHONE	321-338-2944
EMAIL	<a href="mailto:INFO@EXTREMEDRYCLEAN.COM">INFO@EXTREMEDRYCLEAN.COM</a>
RELATIONSHIP TO CARD HOLDER	SERVICE PROVIDER
TYPE OF SERVICES CHARGES	DRY CLEANING AND LAUNDRY
AUTHORIZED AMOUNT	BALANCE DUE ON INVOICE
DATE OF CHARGES	SAME DAY OF DROP OFF

TERMS OF AGREEMENT
I authorize Extreme Dry Cleaners LLC to charge my credit card on file for Dry Cleaning, Laundry, Alterations, and shoe repair.
I certify that I am an authorized user on the credit card listed above
I certify that all information listed on this form is complete and accurate
I hereby authorize collection of payment for all charges listed on the invoice.
I authorize Extreme Dry Cleaner, LLC to deliver my belongings to hook located at the main door of my residence
I certify that I am completely satisfied with the service provided and must inform Extreme Dry Cleaners LLC within 24 hours, in writing to email address above, of receiving my belongings of any discrepancies.

AUTHORIZED USER			
Name on Credit Card			
Signature		Date	