



CHARGE ACCOUNT APPLICATION

_____		_____	
Name		Telephone: home or cell	
_____		_____	
Address		Email Address	
_____		_____	
City	State	Zip	
_____		_____	
Credit Card Type (Visa, MC, etc.)	Credit Card Number	v-code	Expiration Date

Shirts (Starch-check one): **NO** **LIGHT** **MEDIUM** **HEAVY** (check one): **HANGER** **FOLD**

_____ I understand I need to leave a credit card on file. I further understand NEIGHBORHOOD CLEANERS may bill my credit card automatically.

TERMS AND CONDITIONS

1. I authorize NEIGHBORHOOD CLEANERS to use my credit card (as indicated) for the purposes of paying for my purchases at NEIGHBORHOOD CLEANERS.
2. Each NEIGHBORHOOD CLEANERS invoice will be billed automatically to your credit card indicated.
3. I agree to notify NEIGHBORHOOD CLEANERS promptly and in writing of any changes or problems involving the card or the NEIGHBORHOOD CLEANERS account. Requested changes will not be recognized without such written and signed notice.
4. I agree to pay any monies due NEIGHBORHOOD CLEANERS if the indicated card becomes invalid for any reason.
5. I agree to pay all collection and legal fees required to collect payment on his or her delinquent account.
6. Submission of this form authorizes NEIGHBORHOOD CLEANERS to verify all information provided.

I AGREE TO ALL TERMS AND CONDITIONS SET FORTH AND UNDERSTAND THIS CREDIT AGREEMENT IS SUBJECT TO THE FEDERAL CONSUMER CREDIT COLLECTION ACT AND THE REVISED CODE OF ILLINOIS.

Signature and Date

OFFICE USE ONLY	
_____ IN COMPUTER	_____ BAGS MADE