



Charge Account Form

CUSTOMER INFORMATION

LAST NAME		FIRST NAME		
HOME PHONE	CELL PHONE		FAX	
HOME ADDRESS		CITY	STATE	ZIP
BILLING ADDRESS (If different from above)		CITY	STATE	ZIP
EMPLOYER NAME & ADDRESS			WORK PHONE	HOW LONG?
EMAIL ADDRESS		OTHER AUTHORIZED USERS?		

SERVICE PREFERENCES

ROUTE SERVICE? (Route Pick-Up & Delivery on Tuesday & Friday 8am to 5pm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Preferences/Instructions:		

CREDIT CARD INFORMATION (Required)

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	CARD NUMBER	EXP DATE
CARDHOLDER NAME	ADDRESS WHERE CREDIT CARD BILL IS SENT (INCLUDE ZIP CODE)	

Your credit card will be charged at the beginning of each month for the previous month's charges. A statement will be mailed reflecting account activity and the amount charged to your card. An automatic fee of \$10 will be charged for declined credit cards and clothes will be held until a valid card is provided.

TERMS AND CONDITIONS

1. Holder(s) of account accept full responsibility for all charges made to this account according to instructions set forth above.
2. Holder(s) of this account agree to pay all collection or legal fees required to collect payment on delinquent accounts.
3. Submission of this credit application authorizes Cameo Cleaners to verify all information provided by applicant(s).
4. Amounts unpaid 30 days from statement date will be assessed finance charges of 10% per month.
5. I / We authorize Cameo Cleaners to bill my/our credit card at the beginning of each month. I / We authorize use of the information provided in the Credit Card information section of this agreement for said purpose.

I / We agree to all terms and conditions set forth above and understand this credit agreement is subject to the Federal Consumer Credit Collection Act.

Customer Signature: _____ Date _____