

**CUSTOMER CONTACT AND CREDIT CARD AUTHORIZATION FORM**

**YOUR NEIGHBORHOOD DRYCLEANER**

811A Hamilton St

Tel: 484-274-5737

Allentown, PA 18101

email: sue@yourneighborhooddrycleaner.com

Web: www.yndclv.com

**Customer Information (if paying by charge use your billing address)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Would you like a text message reminder prior to a pick up day?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes circle a choice below:

Do you want the message:

Day prior or 6:00am same day

Shirts: Light Starch    Medium Starch    Heavy Starch

special instructions for your items: \_\_\_\_\_

Choose one and circle:

Monthly Billing      Pay by charge (If pay by charge fill out information below)

I, \_\_\_\_\_, authorize Your Neighborhood Drycleaner to charge my credit card for services provided by Your Neighborhood Drycleaner in accordance with the service invoice and request for service.      **Date:** \_\_\_\_\_

**Credit Card Information:**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_/20\_\_\_\_      CVV/CV2 Code \_\_\_\_\_  
(mo)    (year)      (Signature Panel Code)

X \_\_\_\_\_  
(signature of cardholder)

*By signing this Credit Card Payment Authorization, you consent to Your Neighborhood Drycleaner charging the payment card on record. You agree to pay the balances due in accordance with your cardholder agreement with your issuing bank. You also acknowledge the balances due may vary and is dependent on your service request from Your Neighborhood Drycleaner. Thank you!*