

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: _____

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!