

FOR OFFICE USE ONLY	Special Instructions:	Account Number: _____
Last Name: _____		Date Opened: _____
<input type="checkbox"/> CRIS System <input type="checkbox"/> X-Sheet <input type="checkbox"/> Auto-Pay Credit		

Application for Charge Account:

(Please Type or Print Clearly)

Bag Location

Front Door: _____

Side Door: _____

Other: _____

Shirt Preference:

No _____

Light _____

Med _____

Hvy _____



Terms and Conditions

- 1.) All charges due and payable in full upon receipt of statement each month.
- 2.) Holder (s) of account accept full responsibility for all charges made on this account, according to the instructions set forth above. Instructions may be changed by providing a written notice to Arthur's Executive Cleaners, but will be recognized only upon receipt of the signed notice.
- 3.) When one holder of a joint account wishes to cancel joint status, signed instructions must be submitted to **Arthurs Executive Cleaners**. Upon receipt of such instructions from either party, the joint account will be cancelled. Separate accounts may then be opened by both parties pursuant to their good credit standing and upon written application for an individual account.
- 4.) Holders of this account agree to pay all collection or legal fees required to collect payment on delinquent accounts. If payment is not made within 90 days of said months statement Arthur's Executive Cleaners can charge card on file.
- 5.) Submission of this credit application authorizes **Arthur's Executive Cleaners** to verify all information is true.

Person (s) responsible for account:

Name: _____

Home Phone: _____

Cell Phone/ Work Phone: _____

Home Address: _____

City, State, Zip: _____

Email address: _____

Please send my statement to the e-mail provided.

Visa/Mst/Disc/Amex.

Card Number: _____ - _____ - _____ - _____ Exp: _____

3 or 4 Digit code on back:

Executive Cleaners will not charge your card unless you choose to be on an automatic pay, and or if you fail to make payment within 90 days.

Please charge my monthly statement to my provided Visa, Master, Discover card.

DELIVERY ADDRESS: (If different)

Address: _____

City, State, Zip: _____

X _____ Date: _____

Date: _____ Counter Representative: _____