



**A.A. London Cleaners, Inc.
Confidential Account Application and/or Credit Card Authorization Form**

Customer Information:

Name _____

Address _____

Phone () _____ Fax () _____ Work Phone () _____

E-Mail Address: _____

Special Instructions for services: _____

Billing Information

Credit Card (required): MasterCard ___ Visa ___ Amer. Exp. ___ Discover ___

Account Number: _____ Expiration Date: _____

Billing Option:

___ Please bill my credit card directly. (Please supply information in area above).

I hereby acknowledge that the above supplied information is accurate and correct. I authorize A.A. London Cleaners, Inc , 4445 Hamann Parkway, Willoughby, Ohio 44094 , to use supplied information as described. I give consent to London Cleaners, Inc. to use my credit card without my signature on the transmittal for the payment purposes described and authorized above.

Signature _____ Date _____