

CLEAN CLOTHES DELIVERED



PRESSED4TIME

Credit Card Signature Authorization

Circle one: **MasterCard** **Visa** **American Express**

Account Number _____

Expiration date ____/____

Verification Code

Address where credit card bill is mailed: () Home () Office

Name (please print) _____

Address _____

City _____

State _____

Zip _____

Email address: _____

Telephone: _____

I authorize Pressed4Time to charge my credit card account for services provided.

Signature _____



VISA

