

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: \_\_\_\_\_

Cell/Telephone: \_\_\_\_\_

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

Signature \_\_\_\_\_



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