



Account Application

Name _____

Address _____ Apt # _____

City and State _____ Zip Code _____

Home Telephone _____

Office/Cell Number _____

E-Mail _____ (Preferred Client Offerings)

Cameo Cleaners will bill your credit card on a weekly basis for service. We prefer Visa or MasterCard but will accept American Express.

Credit Card Number _____ Exp. Date _____

Billing Name and Address (If Different):

Signature _____ Date _____

I authorize Cameo Cleaners to bill my credit card on a weekly basis for garment care services.