



## Credit Card Release Form

I, \_\_\_\_\_ authorize All American Cleaners to use my credit card and keep it on file for use only when services are performed by All American Cleaners.

### Credit Card Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Zip Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to one of the three ways provided:

- camron@adamslinen.com
- PO Box 99 Roswell, NM, 88202
- Fax 575.625.1973
- At an All American Cleaners location