



Credit Card Release Form

I, _____ authorize, **Adams Cleaners, Inc. dba 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 _____

Store Location: _____

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

- Camron@AllAmericanCleaners.net
- PO Box 99 Roswell, NM, 88202
- Fax 575.625.1973