

NICHOLS HILLS CLEANERS

**Credit Information
(Please Print in Ink)**

A valid Visa, MasterCard, American Express, or Discover Card is required to qualify for a charge account with us.

Name: _____ S.S.N. _____

Address: _____

Zip: _____ How Long? _____ Home Phone: _____

Employer: _____ Position: _____

Address: _____

How long? _____ Work Phone: _____

Name of Personal Reference: _____

Address: _____ Phone # _____

CREDIT CARDS:

[circle one]

(1) Visa|MC|AMEX|Disc Card # _____ Exp Date _____

(2) Visa|MC|AMEX|Disc Card # _____ Exp Date _____

(3) Visa|MC|AMEX|Disc Card # _____ Exp Date _____

Choose and complete one of the following options:

1) I authorize Nichols Hills Cleaners (Rainbow Cleaners) to charge the credit card listed above once per month for charges incurred.

Signature: x _____ Date: _____

2) I authorize Nichols Hills Cleaners (Rainbow Cleaners) to charge the credit card listed above for any charges incurred that are past due.

Signature: x _____ Date: _____

All charges are billed at the following closing dates:

A-E: 5th, F-J: 10th, K-P: 15th, Q-U: 20th, V-Z 25th

Remittance is required before the next due date. Accounts not paid in full by the next due date will be assessed an interest charge of 2% of the remaining balance, which is 24% APR.

Fax (405) 843-5922