

## 878 East 222nd Street • Euclid. Ohio 44123 216-731-7060

## Confidential credit card authorization form Fax Number 216-731-7006

DATE//		
Name		
Address		RM BLD
City		State
Zip Code	<del></del>	North Area Office [ ]
Phone	(this is your ID)	South Area Office [ ]
Shirts Hanger Bo	×	
Starch No Light	Medium Heavy	
(Order	will not be processe	d without Credit Card Number)
ACCT NO.		
Expiration Date	Card Holder sign	ature

are defined as invoices over 45 days after statement date. Future invoices will be charged to the card on delivery

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