

KEYWEST CLEANERS

5219 W. Goshen Ave

Visalia, Ca. 93291

(559) 734-5800

Monthly Charge Account Application

Please bill me monthly ____

Please Charge My Credit Card ____

Full name _____

Billing Address _____

City, State, Zip _____

Home Phone: _____

Work Phone: _____

For credit card set up and your security, management will contact you for card type and setup.

I do hereby make application for credit with Keywest Cleaners. I understand that charges made during the month will be billed to me at the end of each month with an itemized statement. I also hereby agree as a condition of this account that if Keywest Cleaners has not received full payment by the 15th day of the month following the charges, the charge account will be closed until receipt of payment and payment clears.

The above shall apply to credit card accounts . I do hereby as a credit card account, authorize Keywest Cleaners to charge the account balance to my charge card, and all of the above applies.

Applicant: _____ **Date:** _____

