

Services

Reweaving Cleaning Repair Alteration Storage Stainguard

Estimate desired? Yes No

Garment description: _____

Instructions: _____

Contact Information

Full name _____

Daytime phone number _____

Evening / alternate phone number _____

Email address _____

Payment Type

Visa Mastercard Amex
 Discover Check Money Order

Credit Card

Name as it appears on card _____

Credit card number _____

Expiration _____ Security code _____

Shipping Address

Full name _____

Address (Cannot ship to P.O. boxes. APO/FPO ok.) _____

Address line 2 _____

City _____

State _____ Zip _____

This address is: Residential Business

Signature required? Yes No

Insure? Yes No \$ _____

Billing address _____

City _____

State _____ Zip _____

I, the undersigned, certify and attest that I am the cardholder of the credit/charge/debit card listed above and that I am an authorized user of same. I further certify and attest that as an approved user of this charge/credit/debit card I authorize WITHOUT A TRACE WEAVERS, INC. to debit the credit card account listed above for the total amount to be determined at the time of service. I understand that this transaction is subject to an authorization by the issuing bank and the issuance of an authorization/approval code by same. I further understand that by signing this form, I agree to pay all amounts due WITHOUT A TRACE WEAVERS, INC. in the event that this transaction is subsequently charged back to WITHOUT A TRACE WEAVERS, INC. I understand that the charge on my card will come under WITHOUT A TRACE WEAVERS, INC.

Signature _____ Date _____

Signature is required if paying by credit card

If you intend to give us your card number at a later time, please fill out the remainder of this section and sign it now.
 The receipt of your card number will act as final authorization.