

| Services | |
|------------------------------------|--|
| <input type="checkbox"/> Reweaving | <i>Leather, Suede, Shearling & Fur</i> |
| | <input type="checkbox"/> Cleaning <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Stainguard <input type="checkbox"/> Storage |
| Garment description: | |
| Instructions: | |
| | |
| | |

| Contact Information |
|--|
| Estimate desired? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full name: |
| Daytime phone number: |
| Alternate phone number: |
| Email address: |

| Payment Type |
|---|
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover |
| <input type="checkbox"/> Check <input type="checkbox"/> Money Order |

| Shipping Address | |
|---|------|
| Full name: | |
| Address line 1: (Cannot ship to P.O. boxes. APO/FPO ok.) | |
| Address line 2: | |
| City: | |
| State: | Zip: |
| This address is: <input type="checkbox"/> Residential <input type="checkbox"/> Business | |
| <input type="checkbox"/> Signature required | |
| <input type="checkbox"/> Insure for \$ _____ | |

| Credit Card | |
|--|---|
| <u>Signature is required if paying by credit card.</u> We can take your credit card number over the phone. Please fill out the remainder of this section. | |
| Name as it appears on card: | |
| Billing address: | <input type="checkbox"/> Same as shipping |
| City: | |
| State: | Zip: |
| Credit card number: | |
| Expiration: | Security code: |
| <small>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.</small> | |
| Signature: | Date: |