

Services	
<input type="checkbox"/> Reweaving MARK ALL DAMAGES WITH PINS OR TAPE	<p align="center"><i>Leather, Suede, Shearling & Fur</i></p> <input type="checkbox"/> Cleaning <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Stainguard <input type="checkbox"/> Storage
Garment description:	
Instructions:	

How Did You Find Us?

Google Ad Facebook Ad Internet search Referral Other: _____

Contact Information
Estimate desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name:
Daytime phone number:
Alternate phone number:
Email address:
<input type="checkbox"/> Check to receive occasional email offers from Without A Trace

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	
Signature required on delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Insure for \$ _____	

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

Credit Card	
*** SIGNATURE IS REQUIRED ***	
We can take your credit card number over the phone. Please fill out the remainder of this section and sign.	
Name as it appears on card:	
Billing address:	<input type="checkbox"/> Same as shipping
City:	
State:	Zip:
Credit card number:	
Expiration:	Security code:
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: