

Account Application

New Account

Information Change



8746 Kennedy Ave.
Highland, IN 46322
219-838-1250

CUSTOMER INFORMATION

CUSTOMER NAME	HOME PHONE	CELL PHONE		FAX
HOME ADDRESS	CITY	STATE	ZIP	HOW LONG?
DELIVERY ADDRESS <input type="checkbox"/> Home	CITY	STATE	ZIP	PHONE
BILLING ADDRESS <input type="checkbox"/> Home	CITY	STATE	ZIP	PHONE
EMPLOYER NAME & ADDRESS		WORK PHONE		HOW LONG?
DRIVER'S LICENSE NO.	STATE			

CREDIT CARD INFORMATION (REQUIRED)

Credit card information is kept on file only. Type of payment is determined by the customer at time of garment(s) pick-up.

<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	CARD NUMBER	EXPIRATION DATE
CARDHOLDER NAME	ADDRESS WHERE CREDIT CARD BILL IS SENT (INCLUDE ZIP CODE)	

I hereby certify that all above information is correct and accurate.

Customer Signature _____ Date _____

*We Press
To Impress*