

## **Drop Off/Delivery Sign-Up**

## Please Complete and Fax to (808) 593-1160

## **Customer Information** Name Street/Suite City State Zip Phone Email Special Instructions **Credit Card Authorization** Card Type Name (as it appears on card) Billing Address City/State/Zip Credit Card # **Expiration Date** Authorization: I hereby authorize Marie Louise Cleaners to charge my credit card for services rendered form time to time. Signature Date