



ACCOUNT APPLICATION

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home/Office/Cell Number: (____) ____ - _____

Doorman: Yes____ No____ Shirt Preference: Dry Clean Semi-Hand Finish

Email: _____ Referred by: _____

Winzer Cleaners will bill your credit card the day garments are ready to be delivered/picked up for services rendered.

We prefer Visa® or MasterCard®, but will accept American Express®

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Billing Name and Address (if different):

I authorize Winzer Cleaners to bill my credit card for garment care services the day items are available for delivery/pickup.

Signature: _____ Date: _____

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