



## Account Application

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Office/Cell Number \_\_\_\_\_

E-Mail \_\_\_\_\_ (Preferred Client Offerings)

Jeeves of Belgravia will bill your credit card on a weekly basis for service. We prefer Visa or MasterCard but will accept American Express.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Name and Address (If Different):

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize Jeeves of Belgravia to bill my credit card on a weekly basis for garment care services.