

Mission Cleaners

19 – 3155 Lakeshore Rd., Kelowna

Phone: 250 763 4521

PICK-UP & DELIVERY REGISTRATION FORM

Personal Name: _____

Home Address: _____

Company Name: _____

Company Address: _____

E-Mail Address: _____

Bus. Phone: _____ Res. Phone: _____

Payment Details:

VISA or MASTERCARD (please circle one)

Card Number: _____

Expiry Date: _____

I hereby authorize Mission Cleaners to bill the above specified card
for services rendered.

Signature

Date

Repairs up to \$10.00 OK'd Yes No (please circle one)

Special Instructions: _____
