

DAVE'S UNIFORMS LLC P.O. BOX 6272 Goodyear, AZ 85338

www.DAVESUNIFORMS.com

(623) 293-6218 Telephone (877) 670-GEAR(4327) Toll Free (623)935-0726 Fax (877) 670-9245 Toll Free Fax

New Account Application / Credit Card

E-mail: CS@DavesUniforms.com

All information will be kept in strict confidence and used only by Dave's Uniforms, LLC. THIS APPLICATION CAN BE REJECTED DUE TO INCOMPLETE ANSWERS TO THE FOLLOWING QUESTIONS. Allow 7 days for processing time.

| Billing/Shipping Information | 1 | | |
|-------------------------------------|-----------------------------|---------------------------------------|---------------------------------|
| Full Name | | E-m | ail |
| | | | |
| Billing Address | City | State Zip Code | Phone |
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| Ship to Address | City | State Zip Code | Fax |
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| Photocopy of Credit Card Re | equireu | | |
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| | (Photocopy | Credit Card Her | e) |
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| Credit Card / Payment Infor | mation | | |
| ○ Mastercard ○ VISA | Cre | dit Card Number: | |
| Card Verification Number (last | 2 digits on back) | Expiration Date (MM/YY): | |
| Card Verification Number (last | 3 digits on back): | Expiration Date (MIM/11): | |
| Name as it appears on the card | : | | |
| Credit Card Billing Address | City | State Zip Code | |
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| | | | |
| I agree to have the total amount of | of the invoice billed to my | above listed credit card. I further a | gree to pay the total amount in |
| accordance with the Card Issuer A | | | g pa, |
| | | | |
| | | | |
| Signature: | | Da | ate: |
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| | | | |
| Prepared by (please print clearly) | | Title | Date |