



AutoPay Credit Application and Payment Authorization

Thank you for applying to open an AutoPay charge account with Owen Cleaners. We offer the convenience of monthly statement billing and automatic bill payment for qualified applicants. Please complete the application below and mail it to 2858 Lone Oak Road, Paducah, KY 42003. Should you have any questions, feel free to call us at (270) 554-3209.

Applicant Information

First Name M.I. Last Name

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Employer: _____ How Long Employed? _____

Spouse Information (if applicable) **Joint Account?** Yes No

First Name M.I. Last Name

Mailing Address (if different than above)

City State Zip Code

Email Address(s): _____

Telephone

(____) _____ (____) _____ (____) _____
Home Telephone Daytime Telephone-Applicant Daytime Phone – Spouse

Account Terms and Conditions

I authorize Owen Cleaners, Inc. (Owen Cleaners) to generate one monthly automatic payment per the Payment Method selected on page 2 of this form for the full prior month ending balance on my Owen Cleaners charge account. In the event an automatic payment is rejected or declined, I agree to make prompt payment to Owen Cleaners by other means. I understand that accounts more than 30 days past due will be assessed a late fee of 1.5% per month or 18% per annum until paid in full. Owen Cleaners reserves the right to suspend my charging privileges should my account become more than 30 days past due. I agree to pay any bank service charges, collection fees or other fees, which Owen Cleaners, or agents acting on its behalf, may incur in attempting to execute my automatic payment per my instructions or in collecting any past due balances. I authorize Owen Cleaners, at its option, to obtain a consumer credit report for extending credit or for the review or collection of my account. I may close this charge account and rescind my automatic payment authorization by giving 30 days written notice to Owen Cleaners. I agree to be bound by the terms and conditions stated above and to pay all appropriate charges and fees made to my account.

Applicant's Signature Date Spouse's Signature (If Joint Account) Date



Payment Method

The automatic monthly payment should be made using my (our): (please check only one)

- Credit Card (or Checking Card)* (go to section 1 below)
- Automatic Debit from Bank Account (go to section 2 below)

* Debit cards not accepted

Section 1 Authorization for Automatic Credit Card/Checking Card Payment

Credit Card Type: VISA MasterCard American Express

Credit Card Number: _____ - _____ - _____ - _____

_____/____/____ MM/YY
Cardholder Name (as it appears on card) Expiration Date

Cardholder Address (if different than charge account mailing address as listed above)

Address City State Zip Code

I authorize Owen Cleaners, Inc. to charge the ending prior month balance on my Owen Cleaners charge account to the credit card number listed above on or about the 1st of each month.

Cardholder Signature Date

Section 2 Authorization for Automatic Debit of Bank Account

Bank: _____ Account Type: Checking Savings

I (We) hereby authorize and request Owen Cleaners, Inc. to secure one automatic payment per month in an amount equal to the prior month's ending balance on my (our) Owen Cleaners charge account by initiating an electronic Automated Clearing House (ACH) payment from my (our) checking account as indicated in the financial institution named above ("BANK") on or about the 15th of each month.

Signature Date Signature of Joint Owner Date

Please attach a voided check here.