

Authorization to Clean *Black & White* Garment

I _____, hereby give the
Print name
staff of *Gellibrand's Excellence in Dry Cleaning* permission to clean my **BLACK &**
WHITE _____.
garment description
I have been informed that the risk of dye migration from the black into the white portion of this garment is very high. I understand that by signing this authorization I accept all risks associated with the cleaning of this garment. It is my responsibility to ensure that I have fully understood the risks which may be associated with the cleaning of this garment before I sign this form.

RISKS ASSOCIATED WITH CLEANING BLACK & WHITE GARMENTS:

initial * Dye transfer or bleeding of the dye from the black into the white

SIGNATURE

DATE

NAME (PLEASE PRINT)

WITNESS/EMPLOYEE SIGNATURE

DATE

WITNESS/EMPLOYEE NAME (PLEASE PRINT)

INVOICE #

Date of Invoice

FAX # : (780) 489-4000