

Authorization to Wet Clean

I _____, hereby give the
Print name
staff of *Gellibrand's Excellence in Dry Cleaning* permission to wet clean my garment
(_____). I have been informed that the
Garment description
stains remaining in my garment cannot be removed by means of the dry cleaning process.
I understand that by signing this authorization I accept **all** risks associated with cleaning
contrary to the recommendations of the garment care label. It is my responsibility to
ensure that I have fully understood all of the risks that may be associated with wet
cleaning before I sign this form.

RISKS ASSOCIATED WITH WET CLEANING:

- ___ * Shrinkage of garment or lining / puckering of seams
- ___ * Dye transfer (bleeding)
- ___ * Color change
- ___ * Loss of body (excessive limpness)
- ___ * Change in finish (break marks or fine wrinkles)
- ___ * Inability to reshape garment to original dimensions

SIGNATURE

DATE

WITNESS SIGNATURE

DATE

WITNESS NAME (PLEASE PRINT)

INVOICE #

Date of Invoice

FAX # : (780) 489-4000