ROUND TWO	Drop Off Date: Employee:
HORSE & RIDER CONSIGNMENT TACK SHOP	Customer Notified Date: Employee:
CLEANING & REPAIR	Paid & Picked Up Date: Employee:

Customer:			How do you want to be contacted when ready? (please circle one)			
Phone Number:		when	ready?	(please circle one)		
Signature:		Тех	ĸt	Call		
# of Blankets of each service	Clean	Repair*	V	Vaterproof		
(Please just list the number of blankets for each service needed)						
	<u>X</u>		_			
	<u>X</u>		_	<u> X </u>		
	<u>_X</u>	X				
	<u>_X</u>	_X		<u>_X</u>		
Bags Needed: No Yes, #:(If yo	ur blanket die	l not come i	n in a ba	ag)		
*Please complete a repair form for each repair needed.						
Credit Card Details			amount	to be charged		
Name on Card:		\$_				
Card Number:		lte	m #_			
Expiration Date: Security Code:		To be a	completed a	fter blankets are returned.		

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Name on Card:		\$		
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