



Additional Address Designation Form

Service Information (where we will perform services):	
Name:	
Address:	
City, State, Zip:	
Telephone:	

Service Information (where we will perform services):	
Name:	
Address:	
City, State, Zip:	
Telephone:	

Service Information (where we will perform services):	
Name:	
Address:	
City, State, Zip:	
Telephone:	

Service Information (where we will perform services):	
Name:	
Address:	
City, State, Zip:	
Telephone:	

Service Information (where we will perform services):	
Name:	
Address:	
City, State, Zip:	
Telephone:	

By signing below and by completing this form, I hereby designate the above additional addresses to be covered under the blanket authorization that I have signed. I understand that the additional addresses listed on this form will be bound by Appliance Doctor's credit card terms & conditions.

Authorized Signature:	
-----------------------	--