## **Stain Removal Special Service Approval**

Customer Name	
Service Address	
Date of Service	
Item(s) Requiring Stain Removal	
Details of Stain(s)	_
By signing below, the customer acknowledges that stain removal may not be fully effective due to stain age, type, or fabric/material limitations and accepts the risk of damage or incomplete removal.	•
Customer Name	
Date	
Technician Name	
Date	_