



Billed Account / Pick Up & Delivery Service Request Form

Which service are you requesting? (Select all that apply)

- Billed Account Customer Pick Up & Delivery Service

Name: _____

Delivery Address:

Street Address _____

Address Line 2 _____

City: _____ State: _____ ZIP Code _____

Phone: _____

Email: _____

Billing Address: (If different from the Delivery Address)

Street Address _____

Address Line 2 _____

City: _____ State: _____ ZIP Code _____

Pick Up & Delivery Service:

Where do you want us to place or hang your clothing?

What do you plan to use pickup and delivery for? (Please check all that apply.)

- Dry cleaning and laundered shirts

(Shirt Preference: ____ Boxed ____ Hung)(Starch Preference: ____ No Starch ____ Light Starch ____ Heavy Starch)

- Household items like blankets, sheets, comforters, etc.

- Wash, dry and fold

- Commercial Laundry

Questions or Comments: _____