

delivery route application

starting date: _____

customer name: _____

pick-up/delivery address:

street: _____

city: _____ zip _____

daytime phone: _____

home phone: _____

cell: _____

shirt starch preference: ___None___ light___medium___heavy___Hang___fold

special instructions onsite: _____

E-mail: _____

garage code: _____

payment information:

type of card: _____ MasterCard _____ Visa _____ other

card # _____ exp: _____

name (as it appears on the card): _____

billing address for card:

street: _____

city: _____ zip _____

SIGNATURE: _____ DATE: _____

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