Minimum Charge $ /Month

Name:

Address:

City:

Cell #:

Email:

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*Shirt Laundry Preference: (Please Circle)*

Shirt on Hanger or Box Starch: No Light Med Heavy

Please Circle the day for service:

Mon Tue Wed Thurs Fri

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*Please Check or circle one:*

Bill by: Credit Card

Credit Card- Visa Master Card

Credit Card #: Expiration Date: CVV

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Applicant authorizes TOWN CLEANERS to prepare and submit credit card charge slips using any of the

above listed charge card.

Applicant Signature: Date:

Instruction: