

# DELIVERY ROUTE APPLICATION

Starting Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Email: \_\_\_\_\_

## Pick-Up/Delivery Address

Suite & Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Eve \_\_\_\_\_ Cell \_\_\_\_\_

Shirt Preferences- Please Circle  None  Light  Medium  Heavy  Hang  Fold (\$.25 add'l)  
Automatic Repair Service: (Mending up to \$8.00 +tax)  Y  N

Special Instruction on Delivery Site \_\_\_\_\_

Access / Garage Code \_\_\_\_\_

Card # \_\_\_\_\_  **Visa**  **MasterCard** \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name As It Appears on Card \_\_\_\_\_

Billing Address for Card: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I authorize Cleaners at Work to charge this card for services they provide.  
Copies of all charges will be kept on file.

SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

Cleaners



At Work

*Save Trips to the Dry Cleaners*

704 965-7114 Fax 803 831-8227  
e-mail: cleaners@comporium.net