

Best Quality in Town Since 1996

Village

Custom Cleaners



Home & Office
Pick up & Delivery

Date: ____/____/____

***The information you provide
will be safely secured in our database.*

Customer:

Name: _____

Adress: _____

Phone: _____

Circle one of the following:

Starch Preference:

None | Light | Medium | Heavy | Extra Heavy

Delivery Schedule:

Please Choose one.

Twice a Week: Monday - Thursday | Tuesday - Friday | Wednesday - Saturday

Delivery Information

Pick Up:

Front Porch, Back Porch, Other _____

Delivery:

Front Porch, Back Porch, Other _____

Payment Set up:

Credit card | Debit card

Name on Card _____

Card# _____

Expiration Date: ____/____/____

Signature: _____

Drivers Ilcense Information:

For security reasons please write your

Drivers License # _____

**Signing this document means all the information
you have provided is correct.**