



Pick-up & Delivery Application Form

Please Print

Starting Date: ____/____/____

First Name _____ M.I. _____ Last _____

Address _____

Town: _____ State: PA Zip _____

Phone Number _____ Cell Number _____ (Optional)

1. The location to leave your clothes:

- Garage (No _____) Front Door
- Other _____

2. Your pick up and delivery days (Check)

- Thursdays Fridays

3. Shirts (Check)

- Hanger Boxed
- No Starch Light Starch Med. Starch Heavy Starch
- Special

Special Note: _____

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1. NO MEMBERSHIP FEE / NO PICK UP & DROP OFF FEE / NO TIPS & GRATITUDES.
 2. LEAVE YOUR BAG OUT BY 9AM ON YOUR SCHEDULED DAYS. YOUR DRIVER WILL COME BY BETWEEN 9AM-5PM.
 3. IF YOU HAVE A SPECIAL REQUEST OR ISSUE WITH YOUR GARMENT PLEASE LEAVE A DETAILED NOTE IN YOUR BAG.
 4. WE WILL INVOICE YOU AT THE END OF EACH MONTH.

826 N EASTON ROAD, DOYLESTOWN, PA 18902 TEL: 215-345-9515

