



The mobile laundry solution

Instructions: Please fill in & place in the clear plastic pocket of your bag.

Date _____ Account # _____

Name _____

Address _____

NOTE: THIS FORM IS PROVIDED FOR YOUR CONVENIENCE ONLY. YOU ARE NOT REQUIRED TO FILL OUT THIS FORM ON EACH ORDER. WE DO ASK THAT YOU USE IT WHEN CHANGING PREFERENCES OR REQUESTING ALTERATIONS.

DRY CLEANING	
# of Items	Garment Description
	Blouse
	Dress
	Necktie
	Pants
	Shirt
	Shorts
	Sport Coat
	Suits: <input type="checkbox"/> 2 pc. <input type="checkbox"/> 3 pc.
	Sweaters

LAUNDRY	
# of Items	Garment Description
	Shirt
	Boxed Shirt
	Lab Coats
	Jeans
	Shirt

Starch? Please circle one.

None
Light
Medium
Heavy

ALTERATIONS	
# of Items	Garment Description
	Hem Pamt
	Hem Skirt
	Zipppers

SPECIAL INSTRUCTIONS



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