



VIP PROGRAM:

Last Name: _____

First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Shirt Service

- Starch (circle one: normal, light or heavy)
 Hanger
 No Starch
 Box

Pants Pressing

- Crease
 No crease

Special Instructions:

Credit Payment

I wish to participate in the VIP Program and I want all my cleaning charged monthly to my:

- Visa/MasterCard
 Discover
 American Express

Expiration Date: _____

Account #: _____

Signature: _____

