



HANGERS STORE EXPRESS FORM

Thank you for choosing our convenient Hangers Express Service.

Please fill out the following information.

Today's Date _____ Customer Location: _____

Name: First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Number (____) _____ - _____ Work Number (____) _____ - _____

Email Address _____

Credit Card for Automatic Billing (circle one): AMEX / DISC / MC / VISA

Credit Card Number _____ Expiration Date _____

Billing Address *(if different from above)* _____

Signature _____

Hangers Express Preferences					
MEN	Starch	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Medium
		<input type="checkbox"/>	Light	<input type="checkbox"/>	None
	Shirts	<input type="checkbox"/>	On hanger	<input type="checkbox"/>	Folded
	Pants	<input type="checkbox"/>	Dry Clean	<input type="checkbox"/>	Launder
	Special Instructions: _____ _____				
LADIES	Starch	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Medium
		<input type="checkbox"/>	Light	<input type="checkbox"/>	None
	Shirts	<input type="checkbox"/>	On hanger	<input type="checkbox"/>	Folded
	Pants	<input type="checkbox"/>	Dry Clean	<input type="checkbox"/>	Launder
	Special Instructions: _____ _____				

PLEASE FAX THIS FORM TO: (407) 897.6070

QUESTIONS/FEEDBACK: (407) 894.6600

HANGERS CLEANERS

Bag(s) Issued Yes No # _____

Customer In SPOT Yes No

Credit Card on File Yes No Other Explain: _____

Hangers Rep Initials _____