



HANGERS HOME EXPRESS FORM

Thank you for choosing our convenient Hangers Home Delivery Service.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Number (____) _____-_____

Work Number (____) _____-_____

Email Address _____

Credit Card for Automatic Billing (*circle one*)

AMEX / DISC / MC / VISA

Credit Card# _____

Expiration Date _____

Billing Address (*if different from above*)

City: _____ State: _____ Zip: _____

Signature _____

Service Start Date: _____

Community Name: _____

Please leave garments at front door for pick-up. (Visible to Driver)

Where should garments be left at delivery? _____

Special Circumstances:

Sprinkler Dog Alarm Gate

Housekeeper (what days?) M T W R F S

Do you need a door hanger? Yes No (\$3.49)

(Sketch drop-off site below)

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

Customer On Route Yes No

Credit Card on File Yes No Other Explain: _____

Hangers Rep Initials _____