



HANGERS OFFICE EXPRESS FORM

Thank you for choosing our convenient Hangers Express Service.

Please fill out the following information.

Service Start Date _____ Company Name: _____

Name: First _____ Last _____

Pick Up/Delivery 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 _____

Credit Card Billing Address _____ City _____ State _____ Zip _____

Signature _____

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

Special Delivery 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 _____