



## 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	<b>Starch</b>	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Medium
		<input type="checkbox"/>	Light	<input type="checkbox"/>	None
	<b>Shirts</b>	<input type="checkbox"/>	On hanger	<input type="checkbox"/>	Folded
	<b>Pants</b>	<input type="checkbox"/>	Dry Clean	<input type="checkbox"/>	Launder
	Special Instructions: _____ _____				
LADIES	<b>Starch</b>	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Medium
		<input type="checkbox"/>	Light	<input type="checkbox"/>	None
	<b>Shirts</b>	<input type="checkbox"/>	On hanger	<input type="checkbox"/>	Folded
	<b>Pants</b>	<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 \_\_\_\_\_