

Home or Office Delivery Request Form



843-797-8411
Call Today To
Start Service!

Your Information

First Name:	Last Name:	
Address:	City:	State/Zip:
Phone:	Email:	
Company:	Service Start Date:	

Delivery Information

Where should dirty garments be picked up? _____

Where should clean garments be delivered? _____

Is this a gated community? Yes No If "Yes", Access Code: _____

Is this a business, or a residence? Business Residence

Garment Preferences

Please indicate your garment cleaning/finishing instructions.

Men's Garments

Shirt	<input type="checkbox"/> On hanger	<input type="checkbox"/> Folded
Starch	<input type="checkbox"/> Heavy	<input type="checkbox"/> Medium
	<input type="checkbox"/> Light	<input type="checkbox"/> None
Alteration	<input type="checkbox"/> Auto	<input type="checkbox"/> Call

Women's Garments

Blouse	<input type="checkbox"/> On hanger	<input type="checkbox"/> Folded
Starch	<input type="checkbox"/> Heavy	<input type="checkbox"/> Medium
	<input type="checkbox"/> Light	<input type="checkbox"/> None
Alteration	<input type="checkbox"/> Auto	<input type="checkbox"/> Call

Special Instructions _____

Billing Information

Is your credit card billing address the same as above? Yes No If "No", add address: _____

Address: _____ City: _____ State/Zip: _____

Select card for auto-payment: Master Card Visa AMEX

Credit Card Number: _____ Expiration Date: _____

Credit Card Authorization: By my signature below I hereby authorize Sandy's Cleaners to charge my credit card for all charges from my use of cleaning and alteration services. This agreement will remain in effect until the above card expires, or until revoked in writing by me, or at the discretion of Sandy's Cleaners.

Signature: _____ Date: _____