



# CUSTOMER INFORMATION FORM



Please check the appropriate box:  New Customer  Account Update  
 Garments Waiting  Yes  No

ACCOUNT# \_\_\_\_\_

Date \_\_\_\_\_

Location: \_\_\_\_\_

**CUSTOMER INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Spouse: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

**DELIVERY / PHYSICAL ADDRESS:**

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING ADDRESS:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

Apt. # \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate (mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse's Birthdate (mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**A. Automatic Payment by Credit Card at the Time of Service: Please check box and complete credit card information:**

I agree to have each transaction automatically charged to the credit card below.

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Exp. \_\_\_\_\_  
(If different than billing address above)

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that MW Cleaners will automatically process all my drycleaning and laundry through the above listed credit card. A copy of all charges will be attached to each order for my reference.

**Preferences:**

Starch:  None  Light  Heavy

Finishing:  Boxed  Hang

Special Instructions

How did you hear about us?  Website  TV  Van (877-MWCLEANERS)  Newspaper  Yellow Pages  
 Retail Location  One Stop  Door-to-Door Sales  Flier/Mail

**OFFICE USE ONLY**

Service Days:  Mon  Tue  Wed  Thu  Fri  Sat Route# \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DsctGrp: \_\_\_\_\_

**\*\*Management approval required for accounts with no credit card\*\***

ACCOUNT SET-UP COMPLETED BY: \_\_\_\_\_

Approved by: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_