



PICK-UP/DELIVERY APPLICATION

Please fill out application and FAX signed copy to 440.283.0284.

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Your Email: _____

Laundered Shirt Preference: (check one)

Hanger Box

Shirt Finishing: (check one)

Machine Pressed Hand Finished

Shirt Starch Preference: (check one)

None Light Medium Heavy

Pick Up/Drop Off Location: (check one)

Regular Pickup/Delivery Will Call

CREDIT CARD INFORMATION (check one)

Mastercard Visa American Express Discover

Card # _____

Expiration Date: _____ **CVV #:** _____

I authorize London Cleaners to automatically bill my credit card.

Signature: _____

Please indicate the least exposed place for us to locate pick-ups and make deliveries.

Thank you,

London Cleaners