



Information

Name (first, last, middle): _____

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (business hours): _____ Home Work Mobile

Phone (alternate method): _____ Home Work Mobile

Email: _____

(we use your email to contact you about orders, pickups, occasional Revolution Cleaners news, but we will never sell your address)

Billing Address (if different than above)

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? Referral Nuggets Internet Location Other

Preferences

Shirt Preferences: Hanger Folded Starch: None Light Medium Heavy

Pants Preferences: (pants with permanent creases will be pressed, unless instructed otherwise) Crease No Crease

Special Instructions:

Payment and Service Terms Authorization

I, _____ authorize Revolution Cleaners to charge my garment care services to my: American Express Visa Master Card Discover

Number: _____ Exp Date: _____

I will call with credit card information

I entrust this information to confidential files of Revolution Cleaners to be used for this authorization only. I acknowledge that Revolution Cleaners will exercise the highest level of care in handling my garments but that damage may still occur due to cleaning. Revolution Cleaners will always try to resolve any issues in a fair and equitable manner and I thus waive any claims of damage, incurred during the ordinary course of cleaning and handling of my garments, against Revolution Cleaners or its subcontractors. I also accept responsibility for security of delivery, which shall be placed in an arranged location prior to pick-up and delivery schedule. Location of garments for pick up and delivery is secure and protected from damage including, but limited to, theft, vandalism and weather.

Cardholder Name: _____ Date: _____

Cardholder Signature: _____
(your typed signature will act as an authorization for Revolution Cleaners to charge your credit card)

