

MILLENNIUM CLEANERS

VIP Customer Profile

PLEASE PRINT
ACCOUNT HOLDER NAME

Mr. _____
Mrs. _____
Ms. _____

LAST NAME FIRST NAME MIDDLE INITIAL

CURRENT ADDRESS:

STREET ADDRESS APT/SUITE CITY STATE ZIPCODE

DELIVERY ADDRESS (IF DIFFERENT):

STREET ADDRESS APT/SUITE CITY STATE ZIPCODE

PHONE: () EMAIL:

CREDIT CARD NUMBER: - - - - - EXP - - - - -

VISA
 MC
 AMEX
 DIS

AUTO CHARGE AT POINT OF SALE
 MONTH END CHARGE
 MONTHLY BILLING
STATEMENT MAILED TO YOUR RESIDENCE

SIGNATURE: _____ DATE _____

LAUNDERED SHIRTS/BLOUSES

MEN'S COTTON/COTTON BLEND	WOMEN'S COTTON/COTTON BLEND
STARCH	
<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Light	<input type="checkbox"/> Light
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Heavy	<input type="checkbox"/> Heavy

PANTS/SLACKS

MEN'S COTTON/COTTON BLEND	WOMEN'S COTTON/COTTON BLEND
<input type="checkbox"/> DC Only	<input type="checkbox"/> DC Only
STARCH	
<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Light	<input type="checkbox"/> Light
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Heavy	<input type="checkbox"/> Heavy

*WE READ AND FOLLOW MANUFACTURES' CARE LABELS. IF CARE LABEL REMOVED, JUDEGEMENT PREVAILS.

*PLEASE NOTE SOME ZIPPERS CANNOT WITHSTAND HIGH HEAT USED IN LAUNDRY PRESSING, MAY REQUIRE DC PRESSING SERVICES.

SPECIAL INSTUCTIONS:

OFFICE USE ONLY:

DESIGNATED PICKUP/DELIVERY DATE: _____

ROUTE NUMBER: _____