

Garment Record Form

This form is provided for your convenience only. You are NOT REQUIRED to fill this out with each order. Please use it when changing preferences or requesting alterations. Please fill out and place in your blue bag with your laundry.

Date: _____

Name: _____

Account Number: _____

Address: _____

Dry Cleaning:

Qty	Garment Type
_____	Blouse
_____	Dress
_____	Necktie
_____	Pants
_____	Shirt
_____	Shorts
_____	Sport Coat
_____	Suit <input type="checkbox"/> 2 pc. <input type="checkbox"/> 3 pc.
_____	Sweater
_____	Other:

Laundry:

Qty	Garment Type
_____	Shirt
_____	Boxed Shirt
_____	Lab Coats
_____	Jeans
_____	Other: _____

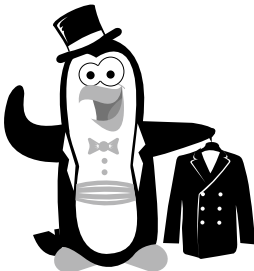
Would you like starch

None Light Medium Heavy

Alterations:

Qty	Garment Type
_____	Hem Pants
_____	Hem Skirt
_____	Zippers

Special Instructions: _____



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