



Delivery Account Set up & Billing Information Form

Helping You Look Great ... Since 1948

Name: _____ Phone: _____

Email: _____

Billing Address: _____

Delivery Address: (if different) _____

Starch Preference: NO LIGHT MED HEAVY EX-HV

Other Preferences: _____

Pickup/Delivery Instructions: _____

Delivery Payment: ___ Credit Card* ___ COD ___ Check on Delivery

Card Number: (Visa/MasterCard Only) _____

Exp Date: _____

*If paying by credit card: your credit card will be billed once at the end of the month for the total of any/all orders within that month.