



PICK-UP/DELIVERY APPLICATION

Please fill out application and FAX signed copy to 252-756-6763.

PERSONAL INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SHIRT STARCH (check one)

Light  Medium  Heavy  None

DELIVERY OPTION (check one)

Regular Pickup/Delivery  On-Call Pickup/Deliver

CREDIT CARD INFORMATION (check one)

Mastercard  Visa  American Express

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize Bowen 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,

Bowen Cleaners