



WELCOME!

Please Print out our New Account / Returning Customer Forms

For Your convenience we have assembled this easily Downloaded, Easily Printable Form package which includes Everything you will need to experience New Jersey's Finest Dry Cleaning Service.

Included in this Printable Form:

- Laundry and Alteration Tags
- Refer-A-Friend Certificate
- Our Stain Treatment Form
- Credit Card Authorization

You can Simply Print Out this entire Package (Its only 5 Pages) OR for Returning Customers, while viewing the page you would like printed, click print and then select CURRENT PAGE. We strive to give our customers friendly convenient service. If at any time you have Questions regarding these forms please don't hesitate to Call Us!



(973) 865-1132

But Most Importantly... Thank You for Your Business



New Jersey's Finest! - Free Home Pick Up & Delivery

NOTE: This form is provided for your convenience. You are **not required** to fill out this form on each order. We do ask that you use it when changing preferences or requesting alterations.

Dry Cleaning

# of Items	Garment Description
	Blouse
	Dress
	Necktie
	Pants
	Shirt
	Shorts
	Skirt
	Sport Coat
	Suits: 2pc 3pc
	Sweaters

Laundry

# of Items	Garment Description
	Shirt
	Boxed Shirt
	Lab Coats
	Jeans

STARCH?

Please circle one.

None Light Medium Heavy

Alterations

# of Items	Garment Description
	Hem Pants
	Hem Skirts
	Zippers

Special Instructions

Instructions: Please fill out & place in clear slot on laundry bag.

Date _____ Account # _____

Name _____

Address _____



New Jersey's Finest! - Free Home Pick Up & Delivery

NOTE: This form is provided for your convenience. You are **not required** to fill out this form on each order. We do ask that you use it when changing preferences or requesting alterations.

Dry Cleaning

# of Items	Garment Description
	Blouse
	Dress
	Necktie
	Pants
	Shirt
	Shorts
	Skirt
	Sport Coat
	Suits: 2pc 3pc
	Sweaters

Laundry

# of Items	Garment Description
	Shirt
	Boxed Shirt
	Lab Coats
	Jeans

STARCH?

Please circle one.

None Light Medium Heavy

Alterations

# of Items	Garment Description
	Hem Pants
	Hem Skirts
	Zippers

Special Instructions

Instructions: Please fill out & place in clear slot on laundry bag.

Date _____ Account # _____

Name _____

Address _____



New Jersey's Finest! - Free Home Pick Up & Delivery

NOTE: This form is provided for your convenience. You are **not required** to fill out this form on each order. We do ask that you use it when changing preferences or requesting alterations.

Dry Cleaning

# of Items	Garment Description
	Blouse
	Dress
	Necktie
	Pants
	Shirt
	Shorts
	Skirt
	Sport Coat
	Suits: 2pc 3pc
	Sweaters

Laundry

# of Items	Garment Description
	Shirt
	Boxed Shirt
	Lab Coats
	Jeans

STARCH?

Please circle one.

None Light Medium Heavy

Alterations

# of Items	Garment Description
	Hem Pants
	Hem Skirts
	Zippers

Special Instructions

Instructions: Please fill out & place in clear slot on laundry bag.

Date _____ Account # _____

Name _____

Address _____



Referral Certificate Just Call: (973) 865-1132

Share quality and convenience with your friends. Just fill in the information below and give this coupon to a friend. When your friend signs up, you'll receive a **\$15.00** credit and your friend will receive **30%** off their first order!

Thank You!

Name _____ Account# _____ Zip Code _____

NO MINIMUM ORDER - NO DELIVERY CHARGE - LIMIT ONE CERTIFICATE PER NEW CUSTOMER-MUST RESIDE OR WORK IN SERVICE AREA



Referral Certificate Just Call: (973) 865-1132

Share quality and convenience with your friends. Just fill in the information below and give this coupon to a friend. When your friend signs up, you'll receive a **\$15.00** credit and your friend will receive **30%** off their first order!

Thank You!

Name _____ Account# _____ Zip Code _____

NO MINIMUM ORDER - NO DELIVERY CHARGE - LIMIT ONE CERTIFICATE PER NEW CUSTOMER-MUST RESIDE OR WORK IN SERVICE AREA



OUR STAIN TREATMENT FORM

Name:	
Street Address:	
Contact Number:	
Type of Stain:	
How Long ago did the stain occur?	
Have you or another cleaner attempted to remove the stain?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what was used in an attempt to remove the stain?	
Which Garment?	
Location of stain?	



Credit Card Authorization Form

I, _____, hereby authorize Dry Cleaners Home Delivery LLC, to keep my credit card information on file and to charge my credit card for future dry cleaning and laundering services.

VISA MasterCard Discover

Credit Card Number: _____

Expiration Date: ____ / ____ CCV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

As the credit card holder, I hereby authorize receipt of items and services.

Cardholder's Signature

Date

We send you a monthly invoice for your records and payments can be made over the Phone. Your completion of this authorization form helps us to protect you from credit card fraud. Dry Cleaners Home Delivery will keep all information entered on this form strictly confidential.