



LAUNDRY CENTER

2540 Chaska Blvd., Chaska, MN 55318

952-368-7252 • Fax 952-361-6879

www.chaskalaundry.com

Customer Information for Pickup & Delivery Service

Date: _____

First Name: _____ Last Name: _____

Pickup Address: _____

Billing Address: _____

Email Address: _____

Primary Phone Number: _____ Cell Work Home

Alternate Phone Number: _____ Cell Work Home

Billing Preference: Email Statement Mail Statement

Credit Card Type: Visa MasterCard American Express

Credit Card Number: _____ Expiration Date ____/____

Name as it appears on Credit Card: _____

Birthday: Day ____ Month ____

Items to be picked up:

- Wash, Dry, Fold Laundry Dry Cleaning

Select starch preference for laundered shirts and select if you prefer shirts on hangers or boxed.

- Light Starch Medium Starch Heavy Starch No Starch
 Hanger Boxed

Choice of pickup frequency: Weekly Bi-weekly Monthly

Special instructions: _____

Request Pickup Service to begin on: _____ (pickup and delivery days will be determined by your location)

Please provide a location for your dry cleaning that is safe and out of nature's elements (such as on an inside door or garage). Also, please notify us a week in advance of any changes in your schedule (vacation, etc.).

All keys or security codes are kept strictly confidential. Key Code _____

If you have any questions, please do not hesitate to contact us at the numbers above. Thank you.