



Master Cleaners Inc.  
519 W. Washington St.  
Suffolk, VA 23434

Phone: (757) 539-2800  
Website: www.mastercleaners.biz  
E-Mail: mastercleanerbiz@gmail.com

**General Information:**

Last Name:	
First Name:	
Middle Initial:	
Nick Name (If Preferred):	

**Contact Information:**

Telephone:			
Home Phone:			
Work Phone:			
Cell Phone:			
What is the best time to reach you?			
What is your preferred phone number?	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
E-Mail:			
Do you wish to receive e-mails from us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Primary E-Mail Address:			
Secondary E-Mail Address:			

**Pickup and Delivery Information:**

Pickup and Delivery Address:			
Street Address:			Suite/Apt#:
City:	State:		
Zip:			

Delivery Instructions:	
Where should the clothes be hung when returned during good weather?	
Where should the clothes be hung during in climate weather?	

Service Reminders:		
Would you like to receive an automated phone call service reminder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What phone number will receive these reminders?		
How often would you like these reminders?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Only if there is a change in normal service.

**Cleaning and Pressing Preferences:**

Personal Preferences:			
What type of starch do you like in your dress shirts?	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Medium <input type="checkbox"/> Heavy
How would you like your shirts packaged?	<input type="checkbox"/> Hung on Hangers	<input type="checkbox"/> Folded and Boxed	
Would you like your jeans soft pressed or hard pressed?	<input type="checkbox"/> Soft Pressed	<input type="checkbox"/> Hard Pressed	
If you would like your jeans hard pressed, what type of starch would you like?	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy
How would you like your jeans creased?	<input type="checkbox"/> No Creases	<input type="checkbox"/> Front Creases	<input type="checkbox"/> Side Creases
Please write any additional preferences:			



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**Billing:**

<b>Billing Address (If different than pickup and delivery address)</b>			
Street Address/ P.O. Box:			
City:		State:	
Zip:			

<b>Payment Options:</b>	
<input type="checkbox"/>	Automatically bill my credit card every time my clothes are delivered back.
<input type="checkbox"/>	Automatically bill my credit card at the end of each month.
<input type="checkbox"/>	Bill me once at the beginning of the month and I will pay in full by the 15th of that month. (Valid Credit Card Backup Required)

<b>Statement Options:</b>	
<input type="checkbox"/>	Please e-mail me a statement to the following address:
<input type="checkbox"/>	Please send me a statement to my billing address.

**Terms and conditions of service:**

1. I, \_\_\_\_\_, do hereby authorize Master Cleaners Inc. to charge my credit card for all charges resulting from my use of their cleaning and alterations services. This agreement will remain in effect until the credit card specified in this document expires, until revoked by written notification by me, or at the discretion of Master Cleaners Inc.

2. Please provide us with your credit card information:

Please select the card you wish to use:	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
My credit card number is:		
The expiration date on my credit card is:		
The 3-digit security code (CVV) on the back is:		
Signature required:		
Today's Date		

3. I agree to notify Master Cleaners Inc. promptly in writing of any changes or problems involving the credit card. I also understand that if I wish to change any of the information listed above that I must do so in writing, and will be asked to sign a new copy of the terms and conditions form.
4. I agree to pay all monies (in U.S. Dollars) to Master Cleaners Inc. if the credit card becomes invalid for any reason. I agree to pay any collection and/or legal fees required to collect payment on my account.
5. I understand that Master Cleaners has provided me with a garment listing form with each order to be processed. I have the option of filling it out or not. In the event that I choose to fill it out and a discrepancy is found, Master Cleaners should call this phone number: \_\_\_\_\_ before proceeding.
6. I understand that return orders will not be left during inclement weather unless the location is protected. Should weather prevent delivery, Master Cleaners Inc. will return my garments back to the Main Plant located at 519 W. Washington St. Suffolk, VA 23434. And my garments will be delivered on my next scheduled delivery day. However, if I wish to pick them up before that time, I may do so during normal business hours.
7. I authorize Master Cleaners personnel to be on my property and/or at the specified delivery location solely for the purpose of picking up and delivering my cleaning.



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Customer Signature: \_\_\_\_\_  
Date: \_\_\_\_\_