

AVENUE FABRICARE

AVENUE FABRICARE.COM

602 N. Fifth Street Milwaukee WI 53203

414-273-9054

Please PRINT and fill out ALL the following information:

MS. MRS. MR.

LAST NAME _____

FIRST NAME _____

CREDIT CARD Information: MC VISA

Expiration date Security code
On the back of the card

BILLING ADDRESS for your credit card

STREET _____

APT/UNIT # _____ CITY _____

STATE _____ ZIPCODE _____

DAYTIME Phone number _____ / _____ / _____

CELL Phone number _____ / _____ / _____

DELIVERY INFORMATION:

BUILDING NAME _____

ADDRESS _____

Floor / Apartment # / Suite # / Unit # _____

CITY _____ ZIPCODE _____

PLEASE NOTE: Your credit will be charged on the day of processing your order or your delivery day.

SPEEDY BAG Application Form

New Change of Status

DELIVERY SERVICE :

CALL/ TEXT 414-388-6402

SHIRT PREFERENCE: returned

ON HANGERS FOLDED/BOXED

STARCH PREFERENCE:

NO LIGHT MEDIUM HEAVY

Any special instructions: _____

PLEASE SIGN(X) and FILL OUT BELOW

Required: Your Signature as is on credit card

X _____

REQUEST for AUTHORIZATION for AUTOMATIC BILLING: I request that Avenue Fabricare will automatically process all my cleaning services thru my credit card on file with Avenue Fabricare. A copy of all my charges will be attached to each of my orders or a monthly statement of all my orders for my reference.

Date _____ X _____

ADDITIONAL BAGS /LOST BAGS \$ 5.00 each

Office use : CLERK _____ APPROVAL _____

ACCOUNT NUMBER _____ DATE _____ STORE _____ ROUTE _____