



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