



Sign Up Form

Contact Information

Information with \* are required to set up your account.

Ms.

Mr.

Mrs.

Dr.

First Name\*

Last Name\*

Address\*

City\*

Phone\*

Cell Phone

E-mail\*

Date of Birth

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Cleaning Instructions

Shirt

Hanger

Fold

Starch

No

Light

Medium

Heavy

Creases/Pleats

Yes

No

Other Special Care Instructions

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Billing Information

Card Type

Primary Card Number

Expiration Date

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How did you hear about us?