

## **Care Instructions Form**

Please print and email to homedelivery@SignaCleaners.com

Name:			
Address:			
City:		State:	_Zip:
Phone:	ne:Emall:		
Billing Address (if	different fron	ı above)	
Address:			
City:		State:	_ Zip:
		mail:	
Shirt Launderi	ng Prefere	nces	
<u>Starch</u>			
☐No Stard	ch Medium	Starch Light Starc	h Heavy Starch
<u>Packagtn</u>	<u>g</u>		
□ +	Hangers	□во	ox
Special Instruc	tions	(Please Print Clea	arly)
Credit Card Pro	eferences	(Please Print Clea	arly)
Card			
Number:		Exp. Date:	
Circle type of Credit Card:	Visa	Mastercard	Discover

Additional forms are available at our website **SignaCleaners.com**