



Date _____

Acct # _____

Address _____

DRY CLEANING

#	<u>GARMENTS</u>
	2 Piece Suits
	Dresses
	2 Piece Outfits
	Blouses
	Pants
	Skirts
	Shorts
	Sport Coats
	Neckties
	Sweaters
	Jump Suits

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#	<u>GARMENTS</u>
	2 Piece Suits
	Dresses
	2 Piece Outfits
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	Skirts
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	Sport Coats
	Neckties
	Sweaters
	Jump Suits

LAUNDRY

#	<u>GARMENTS</u>
	Shirts
	Boxed Shirts
	Lab Coats
	Jeans

STARCH NO LIGHT MED HEAVY

LAUNDRY

#	<u>GARMENTS</u>
	Shirts
	Boxed Shirts
	Lab Coats
	Jeans

STARCH NO LIGHT MED HEAVY

ALTERATIONS

#	<u>GARMENTS</u>
	Hem Pants
	Hem Skirts
	Zippers

Check Box For Special Instructions On Back

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