

ENROLLMENT FORM for JET CLEANERS Pick Up/Delivery

NAME _____

Address _____

Email Address _____

Home Phone _____ **CELL Phone** _____

Shirt Laundry Preference (Circle) **Hanger or Box**
No Starch Lt Starch Heavy Starch

BILLING: **Charge my Credit Card as follows:**

Card # _____

Exp date _____ **Signature** _____