



DELIVERY ROUTE APPLICATION

CUSTOMER NAME: _____

PICK-UP/DELIVERY ADDRESS:

STREET _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS _____

Preferences:

Men's Shirts:

Starch: None Light Medium Heavy

Prepared: Hangers Folded

CCOF Authorization Form

I, hereby authorize Superior Cleaners to charge my Credit Card all charges resulting from my use of cleaning and alteration services. This agreement shall remain in effect until the specified credit card expires, or until revoked by notification from you (the customer) or at the discretion of The Company.

Card Number: _____

Expiration: _____

Signature: _____

Printed Name: _____

Billing address for Card: _____

Drop off/Pick up area: _____

Welcome to the Route 