

OGDEN'S CLEANERS

EXPRESS SERVICE CARD APPLICATION

Date _____

First Time Customer Information Change

Last Name _____

First Name _____

Street Address _____

City _____

State _____

Zip _____

Day Phone _____

Evening Phone _____

HOW did you hear about us? Mailer Ad Friend Business Associate Other _____

Month of Birth _____

Laundry Preference: Hanger/Box Starch- None/Light/Medium/Heavy

CREDIT CARD AUTHORIZATION

Visa MasterCard AmEx Discover Acct# _____ Exp. _____

Drivers License _____ State _____ Expires _____

I authorize **OGDEN'S CLEANERS** to bill my credit card.

FULL SIGNATURE AS ENDORSED - DO NOT PRINT. X _____

Express Bag - I understand that unless a list of items is provided, our count is final. Initials

Manager's Initials _____