

315 East Main St. St. Charles, IL 60174

Accounting Office: Phone: 630-584-0170 Fax (630) 232-9690

Please fill out this form and place it in your bag with your clothes:

N			
Name:			
Address:			
City:		Zip Code:	
Home Phone:		Work Phone:	
Billing Addres	s (if different):		
Laundered Shi	rt Preference: Hanger / Bo	oxed - Starch: None / I	Lite / Medium / Heavy
Special Instruc	etions:		
P	lease direct any questions or concern 877-MARBERRYor email us at		
Payment Opti	ions:		
☐ Bill my	Credit Card	☐ Send me a Statem	ent
Your monthly b	alance can be charged to your	Visa, MasterCard, Disc	over, or American Express.
□ VIS	SA MASTERCARI	D DISCOVER	☐ AMEX
Expiration Dat	e:		
Card #:		C	VV: (3 digit code
Name:	(as it appears on the card)		
Signature:			Date: