



FREE PICK UP & DELIVERY SERVICE

web: www.parkwayde.com
email: delivery@parkwayde.com

"Convenience at your DoorStep"

NEW CUSTOMER FORM

Last Name _____ First Name _____

Street (Home) _____ Unit # _____

City _____ State _____ Zip _____

Phone (____) _____ Work Phone(____) _____

E-mail _____

Corporate Customers _____ Work Address _____
(Company Name) _____

VISA ___ M.Card ___ Disc. ___ Monthly Billing ___
Credit Cards are run each week

Name on Card _____

Credit Card # _____

CVV _____ (3 digits on back)

Expiration _____

I authorize Parkway Cleaners to charge the above credit card for payment.

Signature _____ Date _____

Shirt Preference: Boxed ___ Hangers ___

Starch: Yes ___ No ___

Starch Light ___ Medium ___ Heavy ___

Special Instructions _____

Birthday: _____

Please have driver come 2x per week ___

Will Call when service is needed ___

How did you find us?

Sales Rep ___ Referral ___ Truck ___ Mailer ___

Yellow Pages ___ Who referred you _____

Other _____

PAYMENT:

Parkway Dry Cleaners
150 Peoples Plaza
Newark, De 19702

Corporate Customers-Home address is needed for billing
Monthly charging is totaled and sent at the beginning of the following month

Please include NEW CUSTOMER FORM with 1st Order

This form can be faxed in also 302-836-1002

Please attach any coupons or advertisements to this paper or the bag Thank you!!