

2540 Chaska Blvd., Chaska, MN 55318 952-368-7252

www.chaskalaundry.com

Email: welovelaundry@chaskalaundry.com

Customer Information Form

Date:	
First Name:	Last Name:
Company Name:	
Pickup Address:	
Billing Address:	
Email Address (<i>required</i>)	:
I prefer text notificat	ionsI prefer email notificationsI prefer both text & email
Primary Phone Number:	□ Cell □ Work □ Home
Alternate Phone Number:	☐ Cell ☐ Work ☐ Home
Credit Card Type: U	isa
Credit Card Number:	Expiration Date/
Name as it appears on Cre	edit Card:
Birthday: Day Mor	nthYear
Items to be cleaned: \Box	Wash, Dry, Fold Laundry
	Dry Cleaning
Select starch preference for	or laundered shirts and select if you prefer shirts on hangers or boxed
$\boldsymbol{\mathcal{O}}$	 □ Boxed □ Medium Starch □ Heavy Starch □ No Starch
Pickup frequency:	Weekly □ Will Call □ One Time
All pickups and de	ry days will be determined by your location. eliveries will be put on a front door or porch. rvice to begin on:
Special instructions:	

Please notify us a week in advance of any changes in your schedule (vacation, etc.).

If you have any questions, please do not hesitate to contact us via phone or email. Thank you!