



Application for Home and Work Place Delivery

First Name: _____ M.I. _____ Last Name _____

Home Address: _____ Town: _____

State and Zip Code: _____ Email: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Pick-up Location at Home/Work: _____

Delivery Location at Home/Work: _____

Pick-up/Delivery Address (If different from above) _____

Street: _____ Town: _____ Zip Code: _____

Shirt Starch Preference (circle): None Light Medium Heavy

Shirt Package Preference (circle) Boxed On Hanger

Special Requests: _____

Credit Card (circle): Master Card Visa Discover American Express Expiration Date: _____

Account Number: _____

Name as it appears on card: _____

Customer's Signature: _____

FOR OFFICE USE ONLY

Route# _____ Delivery Days: _____ Stop #: _____

Please complete and mail this form to:

The Delken Companies

21 Father DeValles Blvd.

Suite 102 Unit B-4

Fall River Ma 02723

Phone: 508-679-0999

Fax: 508-679-0990