

# AVENUE FABRICARE

**AVENUE FABRICARE.COM**

602 N. Fifth Street Milwaukee WI 53203

414-273-9054

Please PRINT and fill out ALL the following information:

MS.  MRS.  MR.

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

CREDIT CARD Information: MC  VISA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiration date  Security code   
On the back of the card

**BILLING ADDRESS for your credit card**

STREET \_\_\_\_\_

APT/UNIT # \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

DAYTIME Phone number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CELL Phone number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## DELIVERY INFORMATION:

BUILDING NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Floor / Apartment # / Suite # / Unit # \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**PLEASE NOTE:** Your credit will be charged on the day of processing your order or your delivery day.

# SPEEDY BAG Application Form

New  Change of Status

**DELIVERY SERVICE :**

**CALL/ TEXT 414-388-6402**

**SHIRT PREFERENCE:** returned

ON HANGERS  FOLDED/BOXED

**STARCH PREFERENCE:**

NO  LIGHT  MEDIUM  HEAVY

Any special instructions: \_\_\_\_\_

**PLEASE SIGN( X ) and FILL OUT BELOW**

**Required:** Your Signature as is on credit card

X \_\_\_\_\_

**REQUEST for AUTHORIZATION for AUTOMATIC BILLING:** I request that Avenue Fabricare will automatically process all my cleaning services thru my credit card on file with Avenue Fabricare. A copy of all my charges will be attached to each of my orders or a monthly statement of all my orders for my reference.

Date \_\_\_\_\_ X \_\_\_\_\_

**ADDITIONAL BAGS /LOST BAGS \$ 5.00 each**

Office use : CLERK \_\_\_\_\_ APPROVAL \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_ STORE \_\_\_\_\_ ROUTE \_\_\_\_\_