



# LaFrance Pick-up & Delivery Service

Fax: (330)782-9611

Customer Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Delivery Address (if different from home address):

\_\_\_\_\_  
\_\_\_\_\_

Shirt Preference: On Hanger \_\_\_\_\_ Box \_\_\_\_\_

No Starch \_\_\_\_\_ Light Starch \_\_\_\_\_ Medium Starch \_\_\_\_\_ Heavy Starch \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

## LaFrance Credit (Debit) Card Charge Authorization

Cardholder Name (as it appears on card): \_\_\_\_\_

Card Type: \_\_\_\_\_ Master Card \_\_\_\_\_ Discover

\_\_\_\_\_ Visa \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

**I hereby authorize LaFrance South, Inc. to charge my credit/debit card in the amount of my daily delivery by the next business day after that delivery. This authorization will remain in effect until cancelled by me in writing.**

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date Signed