



J&J Cleaners

FREE HOME DELIVERY SIGN UP

CUSTOMER INFORMATION

Last Name _____ First _____ M.I. _____
Please Print

Telephone (day) _____ (night) _____

Email Address (optional) _____

PICKUP/DELIVERY ADDRESS

Street Address _____ City, State Zip _____

Comments _____

BILLING INFORMATION

Name on Card _____

Card Type Visa Master Card American Express

Card Number _____ Exp. Date _____ Code _____
(on back)

Billing Address _____ City, State Zip _____

Please fax this form to our Home Delivery Group at 207-799-8143.