LAUNDRY PICK UP & DELIVERY

client intake

CLIENT'S DETAILS

Client Full Name:

Address:

City/State: ZIP Code:

Phone Number: Email Address:

LAUNDRY PREFERENCES

Preferred Laundry Schedule:

Laundry Items: [List any specific items or preferences, e.g., delicates, special instructions for certain garments, etc.]

Any Special Instructions:

Pic Up Time: Pick Up Location:

Delivery Location: Other Information:

Session Price: Total

Taxes: Deposit:

Payment Method: Amount Due:

By signing below, I acknowledge that the information provided is accurate and complete to the best of my knowledge.

Client's Signature Date:

THE HAMPER
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