



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