

Welcome!



P.O. Box 352433

Palm Coast, FL 32135-2433

386-627-4972

REGISTRATION FORM

Section I:	Client Information	Date _____
Name: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Home Phone (____) _____ Work (____) _____ X Cell (____) _____		
The best number to contact you: <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone		
Email Address: _____		
How did you hear about our services? _____		
If delivering to home address:		
Do you have a gate code and how often is it changed? _____		
Any special instructions: _____		

Section II	Business Information
Please fill out if we pick up at your business.	
Name of Business: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Where are you located inside? (Floor or office number)	

Section III	Preferences and Payment
Do you prefer starch in your shirts? <input type="checkbox"/> No <input type="checkbox"/> Light Starch <input type="checkbox"/> Med Starch <input type="checkbox"/> Heavy Starch	
Any Special Preferences? _____	
Credit Card Billing Information:	
Name as it appears on card: _____	
Billing Address/City/State/Zip _____	
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Exp. Date (MM/YY): ____/____	
CC#: _ _ _ - _ _ - _ _ _ Security Code ____	
By signing below you authorize TCC to charge your credit card weekly for outstanding invoices.	
Signature: _____	