



Application

FOR MONTHLY BILLING

55 State Road (Route 206)
Princeton, NJ 08540

Phone: 609 924-5144
Fax: 609 924-9511

Name _____

Bill to Address if Different

Address _____

Name _____

City _____ State ____ Zip _____

Address _____

Home phone _____

City _____ State ____ Zip _____

E-Mail _____

Business Phone _____

Shirt Service

Special Instructions

No Starch

On Hanger

Light Starch

Folded

Medium Starch

Heavy Starch

Please Choose Form of Payment: Credit Card – Statements Sent by E-mail Only
 Direct Billing – Pay Monthly Statement by Check

E-Mail Monthly Statements (Please Provide E-Mail Address Above)

I authorize invoices for service to be applied monthly to the account marked below.
I agree to be responsible for any court or collection fees in the event of default.

Must Be Completed By All Applicants:

Visa Master Card American Express Discover _____
Card Number

Expiration Date _____ CVV# _____ Card Holder _____
MM/YY *Name*

Signature

Date

Sales Rep