



Express Application Contact Information

First Name: _____

Last Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

**You will receive an email notice when your orders are ready.*

PIN: _____

Special Instructions: _____

Shirt Preferences: Hang Boxed

Starch: No Light Heavy

Credit Card: _____ Expiration: _____

MC VISA AMEX

Alternate Card: _____ Expiration: _____

MC VISA AMEX

**We do not sell any customer information.*

*I agree that orders will be charged to the credit or debit card on file once they are placed at the **EXPRESS** pick-up machine. This agreement will remain in effect through the expiration date on that card.*

Signature: _____

Date: _____

For Office Use only

Entered into system Garment bag

Representative: _____

Nor'east Cleaners

978 283 4545

www.noreastcleaners.com