



# FREE PICK UP & DELIVERY SERVICE

web: [www.parkwayde.com](http://www.parkwayde.com)  
email: [delivery@parkwayde.com](mailto:delivery@parkwayde.com)

**"Convenience at your DoorStep"**

## **NEW CUSTOMER FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street (Home) \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Corporate Customers \_\_\_\_\_ Work Address \_\_\_\_\_  
(Company Name) \_\_\_\_\_

VISA ___	M.Card ___	Disc. ___	Monthly Billing ___
Credit Cards are run each week			
<b>Name on Card</b> _____			
<b>Credit Card #</b> _____			
<b>CVV</b> _____ (3 digits on back)			
<b>Expiration</b> _____			
I authorize Parkway Cleaners to charge the above credit card for payment.			
Signature _____		Date _____	

Shirt Preference: Boxed ___		Hangers ___	
Starch: Yes ___		No ___	
Starch	Light ___	Medium ___	Heavy ___
Special Instructions _____			
Birthday: _____			
<b>Please have driver come 2x per week</b> ___			
<b>Will Call when service is needed</b> ___			

<b>How did you find us?</b>			
Sales Rep ___	Referral ___	Truck ___	Mailer ___
Yellow Pages ___ Who referred you _____			
Other _____			

<b>PAYMENT:</b>
Parkway Dry Cleaners
150 Peoples Plaza
Newark, De 19702

**Corporate Customers-Home address is needed for billing**  
Monthly charging is totaled and sent at the beginning of the following month

**Please include NEW CUSTOMER FORM with 1st Order**

**This form can be faxed in also 302-836-1002**

**Please attach any coupons or advertisements to this paper or the bag Thank you!!**