

2540 Chaska Blvd., Chaska, MN 55318 952-368-7252 • Fax 952-361-6879

www.chaskalaundry.com

Email: chaskalaundry@embarqmail.com

Customer Information Form

Date:	-
First Name:	Last Name:
Company:	
Pickup Address:	
Billing Address:	
Email Address (required):	
Primary Phone Number:	□ Cell □ Work □ Home
Alternate Phone Number:	□ Cell □ Work □ Home
Billing Preference: Email Stateme	ent (required for credit card charge. Go green!)
☐ Mail Statemen	nt
Credit Card Type: □ Visa □ Mas	terCard □ American Express □ Discover
Credit Card Number:	Expiration Date/
Name as it appears on Credit Card:	
Birthday: Month Day Yea	nr
Select starch preference:	
☐ Light Starch ☐ Medium S	Starch Heavy Starch No Starch
Select package preference:	er 🗆 Boxed 🗆 Folded
Select pickup frequency:	ly \Box Bi-weekly \Box Will Call
Delivery Drop Location & Code (garage	ge, porch, etc.)
Special instructions:	

If you have any questions, please do not hesitate to contact us at the numbers above. Thank you!