



Request for Valet Service

First Name _____

Last Name _____

Delivery Address _____

City, State, Zip _____

Billing Address (if different from above) _____

City, State, Zip _____

Work Phone _____

Home Phone _____

Email _____

Delivery Instructions

Front Door Garage Office Closet

Other: _____

Dry Cleaning and Laundry Instructions

Starch: Light Medium Heavy

Shirts: Box Hanger

Special Instructions: _____

Billing Information

VIP Account

❖ Once a week billing to your card.

30 Day Billing

❖ Statement mailed monthly to your billing address.

❖ Payment due every 30 days.

❖ 1½% late charge for accounts past due.

All accounts require a Credit Card Number and Driver's License Number.

Visa MasterCard American Express

Credit Card No. _____

Exp. _____

Driver's License No. _____

Exp. _____

Signature Required _____

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