

NEW CLIENT REGISTRATION FORM

PLEASE FILL IN AS ACCURATELY AS POSSIBLE AND EMAIL THIS FORM BACK TO **SALES@LAUNDRYTOWNCANADA.COM**

Company Name:	
Address:	
Expected Laundry Weight:	
Description of Laundry items:	
Laundry Instructions:	
Pick-up Date:	
Required Turn Around Time:	
One-time or Frequent:	
If frequent, preferred dates:	
Contact name:	
Contact number:	
Contact email:	
Payment method:	