



## ENROLLMENT FORM FOR VIP SERVICE

Please print clearly

Last Name

First Name

Address

Apt #

City

State

Zip

Phone Number

Email Address

**Use a credit card and there's no waiting when you drop off and pick up.**

I wish to participate in the VIP Program and I want all my cleaning charged to my credit card.

Card Type    Mastercard    Visa    American Express

Card #

Expiration Date:

Type of Services I Use:

Wash/Dry/Fold    Dry Cleaning

Special Instructions:

  
  
  

Wash, Dry and Fold service will be ready the same day if you drop off by 9 am daily. I understand that Corner Laundry will automatically process all of my laundry. I accept the validity of Corner Laundry's count on all items.

Sign Here:

**Please submit to our corporate office by mail to 154 Broadway, Somerville MA 02145 or fax to 617-628-0091**