WELCOME TO SCRUBS LAUNDRY!

Whether you're a business or individual, please fill out the form below to sign up for a new account. Or, if you'd prefer, give us a call at (617) 889-6600 and one of our attendants will assist you!

Sweaters:

Starch:

Pant Crease:

Hanger

All except Jeans

Box

Crease All/ No Crease



228 Everett Ave • Chelsea, MA 02150 Tel: (617) 889-6600 • www.ScrubsLaundry.com

PERSONAL INFORM	ATION								
Last Name:				First Name:					
Business Name (If appli	icable):								
Address:									
City:									
State:				Zip:	Zip:				
Phone No.:				E-ma	E-mail:				
BILLING INFORMAT	ION								
(Please circle one) Mastercard			Visa	Visa American Express			n Express		
Card Number:									
Expiration (MM/YYYY)				Secui	Security Code:				
Billing Address (If different from above)									
Address:									
City:									
State:					Zip:				
Client Agreement									
I,, authorize Scrubs Laundry to charge my account with the information provided, based on my preferred billing									
method listed below:									
Choose Your Billing Method (circle one):				Pay As Y	Pay As You Go		Monthly Billing*		
Name:				Date:					
Signature:									
*With monthly billing, we'll charge your account on the last day of each month for services rendered during the billing cycle									
PREFERENCES:									
Special Care (circle a	ll that apply):			Wash & Fold					
Damage Found:	Contact Me	Auto Repair			Extra Softener:		Yes	No	
Rutton-Down Shirts:	Hanger	Roy						ı	

Allergies (circle all that apply):

Downy

Starch

Tide

Bounce

Bleach