



PACKING SLIP & SERVICES REQUEST BILLING INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____ EMAIL: _____

CREDIT CARD: MASTER CARD VISA AMERICAN EXPRESS

CARD NUMBER: _____

EXPIRATION: (MONTH/YEAR) _____ / _____ CVV: _____

SIGNATURE: _____

SHIPPING INFORMATION (IF DIFFERENT THAN ABOVE)

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PACKAGE CONTENTS

GARMENT TYPE	DESCRIPTION	LIST VALUE	SERVICE(S) REQUESTED
<input type="checkbox"/> WOOL <input type="checkbox"/> ACRYLIC <input type="checkbox"/> COTTON <input type="checkbox"/> CASHMIRE	_____	_____	<input type="checkbox"/> REPAIRS <input type="checkbox"/> ALTERATIONS <input type="checkbox"/> LAUNDERING <input type="checkbox"/> CUSTOM KNITTING
<input type="checkbox"/> WOOL <input type="checkbox"/> ACRYLIC <input type="checkbox"/> COTTON <input type="checkbox"/> CASHMIRE	_____	_____	<input type="checkbox"/> REPAIRS <input type="checkbox"/> ALTERATIONS <input type="checkbox"/> LAUNDERING <input type="checkbox"/> CUSTOM KNITTING
<input type="checkbox"/> WOOL <input type="checkbox"/> ACRYLIC <input type="checkbox"/> COTTON <input type="checkbox"/> CASHMIRE	_____	_____	<input type="checkbox"/> REPAIRS <input type="checkbox"/> ALTERATIONS <input type="checkbox"/> LAUNDERING <input type="checkbox"/> CUSTOM KNITTING

ALTERKNIT USE ONLY

DATE RECEIVED: _____ CONTENTS VERIFIED RETURNED

ESTIMATE: _____ DISCUSSED W/CLIENT RETURN DATE: _____