

DOVE LINEN, INC.

LINEN ORDER

DATE OF ORDER: _____
DATE OF DELIVERY: _____
CUSTOMER* _____
DATE OF PICK UP _____
MON TUES WED THUR FRI SAT
ADDRESS: _____

PO NO./PARTY NAME _____

PHONE (W) _____ **(H)** _____
PAYMENT DUE _____

***If individual customer, obtain name of person responsible for payment, pick-up and return.**

PAYMENT: Date _____ Amount _____

Check No. _____ Credit Card _____
