



ALTERKNIT NEW YORK
C/O MANHATTAN WARDROBE SUPPLY
245 W 29TH ST, SUITE 800
NEW YORK, NY 10001

• • • • SERVICES REQUEST AND PACKING SLIP • • • •

BILLING INFORMATION (AS IT APPEARS ON YOUR CREDIT CARD)

LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____
CREDIT CARD: MASTER CARD VISA AMERICAN EXPRESS
CARD NUMBER: _____
EXPIRATION DATE [MONTH/YEAR]: _____
SIGNATURE: _____

SHIPPING INFORMATION (IF DIFFERENT THAN ABOVE)

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

GARMENTS

GARMENT TYPE: _____
DESCRIPTION: _____ NUMBER OF HOLES: _____
SERVICES REQUESTED: REPAIRS ALTERATIONS LAUNDERING _____
ALTERKNIT USE ONLY

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DESCRIPTION: _____ NUMBER OF HOLES: _____
SERVICES REQUESTED: REPAIRS ALTERATIONS LAUNDERING _____
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DESCRIPTION: _____ NUMBER OF HOLES: _____
SERVICES REQUESTED: REPAIRS ALTERATIONS LAUNDERING _____
ALTERKNIT USE ONLY

PLEASE NOTE: We cannot work on unclean garments. We reserve the right to dry clean or launder your garments if they are too dirty for handling. Any subsequent fees will be added to your invoice. Please initial: _____

ALTERKNIT USE ONLY DATE RECEIVED: _____

CONTENTS VERIFIED DISCUSSED WITH CLIENT RETURNED