

CATCH A STAIN

Name:	
Street Address:	
Contact Number:	
Type of Stain:	
How Long ago did the stain occur?	
Have you or another cleaner attempted to remove the stain?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what was used in an attempt to remove the stain?	
Which Garment?	
Location of stain?	