

APPLICATION ONLY SUPPLEMENT FOR LAUNDROMATS

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Attendant / Manager Information:

Unattended Store Part Time (Hours: _____) Attended Full Time

Facility: Check here if you own the building

Landlord Name: _____ Phone _____

Address: _____

Term of Lease From: _____ To: _____ Renewal Options: _____

Square Footage: _____ # of Parking Spaces: _____

Competition:

1. Name of Laundromat _____

of miles from your laundromat _____ # of washers & dryers (estimated): _____

Amenities: _____

Conditions of Facility and Equipment: _____

2. Name of Laundromat _____

of miles from your laundromat _____ # of washers & dryers (estimated): _____

Amenities: _____

Conditions of Facility and Equipment: _____

Signature _____ Date _____

Items Needed:

Copy of Driver's License (for all owners)

Copy of Invoice(s)

Adam Bronkella — Assistant Vice President | Direct: 617-641-9218

David Lyons — Inside Sales Support | Direct: 617-641-9200