



Clean By Mail[®] REQUEST



Customer Information

Name: _____ Phone (day): _____
 Address: _____ Phone (eve): _____
 _____ Have you used our services before? _____
 E-Mail: _____ Referral source: _____

Garment Information

Item Description: _____

 Services Requested: _____

Have you received an estimate from us? YES NO Estimated value of your item: _____

Shipping Information

Shipping address if different from above (no P.O. Boxes):

Insurance (Shipment is automatically insured up to \$100.)
 You must select one of the insurance options below:

- Additional insurance requested for a
 Declared Value of \$ _____
 Cost of additional insurance (approx. \$0.80 per \$100 declared
 value) will be added to your shipping charge. **Init:** _____
- NO additional insurance requested**

**IS UPS AUTHORIZED TO LEAVE PACKAGE
 IF NO ONE IS HOME?** YES NO

Signature (Req.) _____

Additional Information

Payment Information (Credit card will be charged at time of shipment.)

Name: _____
 Billing Address: _____

 Card #: _____ Exp. _____

(PLEASE CHECK ONE OF THE OPTIONS BELOW) WE ACCEPT VISA, MC, AMEX & DISCOVER

- I authorize Margaret's Cleaners (the "Company") to charge my credit card for all charges resulting from services the Company provides for this order only.
- I authorize the Company to keep my credit card on file for this order and for future purchases until the credit card expires or until revoked by me in writing, whichever occurs first.

Signature _____ Date _____

Ship your properly packaged item along with this form to the address below. You may cut out the corner and use as a shipping label. Margaret's Cleaners assumes no responsibility for damage or loss during shipping.

Margaret's Cleaners • www.margarets.com
 Phone (866) 454-2375 • Fax (858) 454-4303

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**Clean By Mail c/o
 Margaret's Cleaners
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