



Clean By Mail REQUEST

Use for Inbound Shipments Using Carriers
Other than UPS (e.g. USPS, FedEx, etc.)



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 • From whom? _____ Estimated value of item: _____

Shipping Information

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

Insurance on Return Shipment:

Your return shipment is automatically insured up to \$2500.

You must select one of the insurance options below:

Additional insurance requested for a
Declared Value of \$ _____
Cost of additional insurance (approx. \$1.00 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
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