



# 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Value of Item Submitted: \_\_\_\_\_

## 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 (at \$0.55 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)**

- 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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