

— *Three Locations to Serve You* —

**La Jolla**

7511 La Jolla Blvd.  
La Jolla, CA 92037  
(858) 454-2375

**Del Mar/Rancho Santa Fe**

3790 Via De La Valle  
Del Mar, CA 92014  
(858) 755-2715

**Newport Beach**

1831 Westcliff Drive  
Newport Beach, CA 92660  
(949) 645-5210

— *Toll Free* —

**(866) 454-2375**

— *E-mail* —

**office@margarets.com**

— *Visit Our Website* —

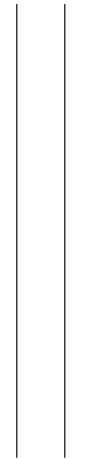
**www.margarets.com**

*for more information about our  
many specialty services.*

*Delivery Throughout  
San Diego & Orange County*



7511 LA JOLLA BLVD.  
LA JOLLA, CA 92037





# Account Information

7511 La Jolla Blvd., La Jolla, CA 92037  
(858) 454-2375 • Fax (858) 454-4303  
Toll Free (866) 454-2375  
www.margarets.com

- New Account
- Information Update
- Counter Customer
- Delivery Customer

## CUSTOMER INFORMATION

CUSTOMER NAME	HOME PHONE	CELL PHONE	FAX
HOME ADDRESS	CITY, STATE	ZIP	HOW LONG?
DELIVERY ADDRESS <input type="checkbox"/> Home	CITY, STATE	ZIP	PHONE
BILLING ADDRESS <input type="checkbox"/> Home	CITY, STATE	ZIP	PHONE
EMPLOYER NAME & ADDRESS	WORK PHONE	HOW LONG?	
E-MAIL ADDRESS	OTHER AUTHORIZED USERS?		

## SERVICE PREFERENCES

<b>SHIRT LAUNDRY</b>	SERVICE <input type="checkbox"/> HAND FINISH <input type="checkbox"/> REGULAR FINISH	STARCH <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> X-HEAVY <input type="checkbox"/> HANGER	RETURN <input type="checkbox"/> IN BOX <input type="checkbox"/> HANGER
<b>BED LINENS</b>	SERVICE <input type="checkbox"/> HAND FINISH <input type="checkbox"/> REGULAR FINISH	RETURN <input type="checkbox"/> BUNDLE <input type="checkbox"/> HANGER	<b>REPAIRS</b> PERFORM REPAIRS UP TO \$8 AS NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL PREFERENCES/INSTRUCTIONS:

## CREDIT CARD INFORMATION (REQUIRED)

<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	CARD NUMBER	EXPIRATION DATE
CARDHOLDER NAME	ADDRESS WHERE CREDIT CARD BILL IS SENT (INCLUDE ZIP CODE)	

## TYPE OF ACCOUNT REQUESTED (PLEASE CHECK ONE)

### STANDARD MONTHLY STATEMENT

Statements are mailed during the first week of every month. Payment is due by the 15th. Past due balances, including all finance charges exceeding sixty (60) days will be automatically charged to your credit card.

### MONTHLY STATEMENT WITH CREDIT CARD PAYMENT

Your credit card will be charged at the beginning of each month for the previous month's charges. We will mail you a statement reflecting account activity and the amount charged to your card. If your credit card is declined, it will be noted on your statement and you will need to send payment by the 15th or provide us with a valid credit card number.

### CREDIT CARD ON FILE

Your credit card will automatically be charged each time you pick up items from our store and/or each time we make a delivery. No monthly statement will be sent. If you are a delivery customer and would like copies of your receipts, contact your driver and they will provide them with each delivery.

**NOTE:** Statement information includes date, service and amount of each invoice. More than one item may be included on each invoice. If you require itemized invoices, contact your driver or customer service representative.

## TERMS AND CONDITIONS

- Holder(s) of account accept full responsibility for all charges made to this account according to instructions set forth above.
- Holder(s) of this account agree to pay all collection or legal fees required to collect payment on delinquent accounts.
- Submission of this credit application authorizes The Company to verify all information provided by applicant(s). I understand that a credit agency may be contacted to verify the information and my credit worthiness. A copy of my credit report may be obtained directly from the credit agency.
- Amounts unpaid 30 days from statement date will be assessed finance charges of 1-1/2% per month.
- A service charge of \$20.00 will be applied for returned checks.
- I/We authorize The Company to bill my/our credit card account in accordance with the type of account I have selected. I/We authorize use of the information provided in the Credit Card information section of this agreement for said purpose.

I/We agree to all terms and conditions set forth above. For automatic credit card payments, this agreement shall remain in effect until the specified credit card expires or until revoked by written notification from me or at the discretion of The Company.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b> LOCATION	ACCOUNT NUMBER	DATE	APPROVED
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