



HOME/OFFICE PICK-UP & DELIVERY ENROLLMENT FORM:

Name: _____

Address: _____

City, State, ZIP: _____ CA _____

Phone: _____

E-mail: _____ Birthday: mm__ dd__

Would you like to get coupons & discounts via email? Yes No

How often? Weekly Twice a week Every 2 weeks

Days good for pick-up M T W Th F

Laundry Preference: Standard Finish Hand Finish VIP Finish

Starch Preference: None Light Medium Heavy

Shirts: Hangers Boxed

TO PAY BY CREDIT CARD:

Billing Address: _____

Billing City, State, ZIP: _____ State _____ ZIP _____

Credit Card Type: Visa MasterCard American Express

Number: _____ Exp: ____ / ____

SPECIAL INSTRUCTIONS:

By submitting this form, I understand that my orders will be automatically charged to my VISA/MC/AMEX account. A copy of all charges will be attached to each order for my reference.

(authorizing signature) (date)

FAX TO: (310) 858-0220

OR MAIL TO: CAMDEN CLEANERS
9601 Wilshire Blvd., Ste. 124
Beverly Hills, CA 90210