

Please fill in the following information and fax this form to (619) 463-2940. Then **make sure** to place this form with your order for pickup.

INDIVIDUAL INFORMATION

First & Last Name

Company Name (Employer) Building/Suite #

Work Address (Your Pickup & Delivery Address)

Work Phone Number Fax Number Home Phone # (User ID #)

E-mail Address

PICKUP/DELIVERY INFORMATION

Your Preferred Pickup Date (Monday - Friday)

Special Delivery Instructions (Include Map if needed):

Is this an attended location? Yes No
My Pickup & Delivery Service is: Individual@Work
 Corporate Account (Corporate ID: _____)

BILLING INFORMATION

Type of Credit Card: Visa MasterCard American Express

Credit Card Number Expiration Date (month/Year)

Name on Card (exactly as it appears on the card)

Terms: Your account is billed at delivery time. You will receive a statement of current charges with each order. It is the customer's responsibility to notify DrycleanSanDiego.com of any changes to the information above. The customer is liable for all costs of collection

Authorization: I have read the above terms set forth and policies listed on the web site and authorize DrycleanSanDiego.com to charge my credit card in accordance with said terms.

Signature Print Name Date