

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 (approx. \$0.80 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 **theCOUTURECLEANER** (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. theCOUTURECLEANER assumes no
responsibility for damage or loss during shipping.
www.theCOUTURECLEANER.com
(888) 336-9433 • Fax (201) 343-0223
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Clean By Mail
theCOUTURECLEANER
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