

# OGDEN'S CLEANERS

## Drive Thru Cleaners

### 1. ALL APPLICANTS

Type of Account:  Home/Office Pickup and Delivery  
 Monthly "House" Account

Your Name: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ # \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Social Security: \_\_\_\_\_

I will pay by:  Credit Card  Check

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Evening Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FAX Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 2. FOR HOME/OFFICE DELIVERY

Delivery Address: \_\_\_\_\_

Delivery City: \_\_\_\_\_

Delivery ZIP: California \_\_\_\_\_

How often?  Weekly  Twice a week  Every 2 weeks

Laundry Preference:  Standard Finish  Hand Finish  
 VIP Finish

Starch Preference:  None  Light  Medium  Heavy

Shirts:  Hangers  Boxed

**3a. TO PAY BY CREDIT CARD**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_

Billing State, ZIP: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express  
 Discover  Diners Card

Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

**3b. TO PAY BY CHECK**

Account Holder Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Telephone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City: \_\_\_\_\_

Bank State, ZIP: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**4. SPECIAL REQUESTS, COMMENTS, NOTES**

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- Minimum \$50.00 per month
- Driver cannot accept cash

By submitting this form, I certify that the above information is true and complete. I authorize Ogden's Cleaners to verify the information given. I also authorize you to obtain a credit report and verification of employment. I recognize that this account is a courtesy of Ogden's Cleaners and I agree to pay my charges in full within 21 days of the statement date. I understand a 1.5% monthly finance charge will be applied on balances past 28 days. If any action for collection is filed, I agree to pay all costs and attorneys fees incurred and understand that if my account becomes delinquent at any time, Ogden's Cleaners will have just cause to suspend my credit.

\_\_\_\_\_  
(signature agreeing to terms)

\_\_\_\_\_  
(date)

**FAX TO:**

\_\_\_\_\_  
**310.459.0652**

**OR MAIL TO:**

\_\_\_\_\_  
**Ogden's Cleaners  
15317 W Sunset Blvd.  
Pacific Palisades, CA 90272**