



## **Application For Route Pick-up/Delivery and Monthly Billing**

All information is strictly for the use of West Boulevard Cleaners for cleaning services.  
We never sell or share your information with any third party.

\* Please complete front and back of form

Name_____	Home Phone_____	
Home Address_____		
City_____	Province_____	Postal Code_____
Pick-up/Delivery Address _____		
Email Address _____ (for email statements)		
Office Phone _____ (used only if we have a question regarding your clothing)		
Mobile Phone _____ (used only if we have a question regarding your clothing)		

**BILLING:** Credit Cards are billed monthly for all cleaning services.

**Circle Card type:**            **Visa**            **MasterCard**

**Credit Card Number #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

I hereby authorize West Boulevard Cleaners to keep my credit card information on file and bill me via this credit card for future invoices. I acknowledge that these charges are to be made automatically. I further agree to immediately notify West Boulevard Cleaners of any changes to either the expiration date or card number due to loss, expiration, or my desire to change billing to a different card.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Detailed invoice copies should be removed from the garment bags upon delivery of cleaned orders and kept for reconciliation at month's end. Credit cards are billed the last day of the month or within the first week of the following month.

Over to complete page 2

**SMALL NOTES GET LOST:**

Please write any communications to our staff on a large sheet of paper and put it in the bottom of your bag, under the garments. When we process your order we upend the bag and your message is the first thing we see.

**ALTERATIONS & REPAIRS:**

We provide minor tailoring and repair service to our delivery customers. Please write your requirements on a large sheet of paper and pin it to the garment you wish to have altered. If there are multiple pieces, please mark each one individually for clarity at our end, thanks! If you require elastic in a waistband, please include your waist measurement.

**DISCRETIONARY REPAIRS: Please choose one**

As we check pockets, read care labels and tag your garments for processing, we often come across small items that could benefit from a small repair. This way it won't become a large repair.

Please perform any minor repairs you find that would be less than \$10.00, without contacting me.

Please contact me at my daytime number to apprise me of any needed minor repairs and to get my approval.

Never perform any minor repairs to my garments.

**CUSTOMER PREFERENCES:** \_\_\_\_\_

Our computer system stores any preferences you have regarding your garments. Please bring them to our attention so that we may input them for permanent use, i.e. fold French cuffs on laundered shirts, no crease on ladies pants.

**LAUNDERED SHIRT PREFERENCES please circle: HANGER or FOLD**

**NO STARCH      LIGHT STARCH      MED STARCH      HEAVY STARCH**

**HOME DELIVERY CUSTOMERS PLEASE COMPLETE:**

The dry location where my garments will be left for pick up:

\_\_\_\_\_

Upon delivery, please hang my garments:

\_\_\_\_\_