

Customer Account Application

Name Telephone: home or cell (This is your Linden Cleaners account number)

Home/delivery address Email

City State Zip

Employer Phone

Address City State Zip

American Express Master Card VISA DISCOVER

Credit card type Credit card number Expiration date CVV number

Once a week on Monday Once a week on Wednesday Once a week on Friday Twice a week Monday & Thursday On call

Preferred delivery schedule (Check one). For the "On call" option, please call or email us at least 2 days before the delivery date/time.

Hanger Folded Starch No Starch

Cleaning Preferences / Shirts Special Instructions

_____ I would rather pay my Linden Cleaners monthly charge by check, but agree that Linden Cleaners may bill my credit card automatically on any 60 day old accounts under the following terms and conditions if needed.

TERMS AND CONDITIONS:

1. I authorize Linden Cleaners to use my credit card (as indicated for the purposes of paying for my purchases at Linden Cleaners.)
2. Each Linden Cleaners invoices will be billed automatically to the credit card indicated.
3. I agree to notify Linden Cleaners promptly and in writing of any changes or problems involving the card or the Linden Cleaners account. Requested changes will not be recognized without such written and signed notice.
4. I agree to pay any money due Linden Cleaners if the indicated card becomes invalid for any reason.
5. I agree to pay all collection and legal fees required to collect payment on his or her delinquent account.
6. Submission of this form authorizes Linden Cleaners to verify all information provided.

I AGREE TO ALL THERMS AND CONDITIONS SET FORTH AND UNDERSTAND THIS CREDIT AGREEMENT IS SUBJECT TO THE FEDERAL CONSUMER CREDIT COLLECTION ACT AND THE REVISED CODE OF MASSACHUSETTS.

date (mm/dd/yyyy)

signature