

Chardonnay Cleaners

1520 Trancas St., Napa, CA 94558

Credit Application www.chardonnaycleaners.com 707-257-2236 fax 707-257-7236

- Pick-up and Delivery Service
 Over the Counter Service

Last name _____ First name _____

Name of Business if for *business delivery* _____

Delivery Address _____ Suite # _____

City _____, CA Zip Code _____

Home phone (____) _____ Cell phone (____) _____

Work phone (____) _____ ext _____

E-mail Address *print clearly* _____

Visa, MasterCard, or Amer. Express _____ exp. Date ___/___

Credit Card Billing Address _____ Suite/ Apt. # _____

City _____, CA Zip Code _____

Home address – Required- if personal delivery is to a business.

Billing Address _____ Suite/ Apt. # _____

City _____, CA Zip Code _____

Payments for services are due on the 1st of each month and late after the 15th of that month. Late payment fee of \$15.00. Interest will accrue on all amounts due at the rate of 12% per annum, starting on the 1st of the month. I agree to pay all costs incurred to collect amounts owed including court costs and collection and or attorneys' fees. The terms of your account are subject to change. You understand that the information that you provide is given to obtain credit from us and you represent and warrant that it is true and complete. You authorize us to obtain credit reports in connection with your request for and our issuance of an account; the collection, review or renewal of your account; and any change to your credit limit or terms of your account. We may report our credit experience with you to others. Non-payment or slow payment may negatively affect your credit. You also agree to pay all charges incurred under such terms.

This is a CREDIT APPLICATION. By signing below, I acknowledge I have read, understand, and agree with the terms for this account and I agree to be bound by the terms of this agreement. Terms are subject to change.

_____ date _____
signature

Please indicate your preferences below. **Note :** Preferences can be changed at any time by either calling us or just include a note with your order.

My Preferences:

check all that apply

Laundry

- | | | | |
|------------------------------------|---|---|-------------|
| Dry Cleaning | | | |
| Ladies slacks | <input type="checkbox"/> pants | | dress shirt |
| <input type="checkbox"/> crease | <input type="checkbox"/> Lt. starch <input type="checkbox"/> Med. <input type="checkbox"/> Hvy. | <input type="checkbox"/> Lt. starch <input type="checkbox"/> Med. <input type="checkbox"/> Hvy. | |
| <input type="checkbox"/> no crease | <input type="checkbox"/> no starch | <input type="checkbox"/> no starch | |
| <input type="checkbox"/> hang long | <input type="checkbox"/> crease | <input type="checkbox"/> on hangers | |
| | <input type="checkbox"/> no crease | <input type="checkbox"/> boxed | |

Additional information _____
