

Service Contract

Name _____
 Address _____ City _____ Zip _____
 Telephone _____ Alternate Telephone _____
 Referred By _____
 Cleaning Day: M T W T F - Available Hours _____ Start Date _____
 E-Mail _____ Priorities _____
 Driver's License Number: _____

✓	ROOM	CLEANING DETAILS
	Kitchen	
	Full Bath	
	½ Bath	
	M. Bedroom	
	Reg. Bedroom	
	Office	
	Living	
	Dining	
	Family/Bonus	
	Utility	
	Stairs	
	Hall	
	Entry	DO NOT TOUCH
	Wood/Tile	
	Glass Doors	
	Linens	
	Weekly -	Initial Chg
	Bi-Weekly -	
	Monthly -	One Time
	Move-In or Move-Out	Sv _____

I, _____ received, read,
 and understood the agreement obligations of White Glove Cleaning Services, LLC.

Customer Authorization: _____

Date: _____

Please make checks payable to: White Glove Cleaning Services, LLC.

