



Client Intake Data Form

Company Name: _____

Address: _____

Contact Person: _____

Role/Title: _____

1. Have you ever hired a cleaning service before?

2. If so, where did they let you down?

3. Was there anything that frustrated or annoyed you about your last service provider? If so, please specify.

4. Why are you looking for cleaning services?

Replacing Another Company

New Office/Need Cleaner

Other _____

5. Would you like your initial cleaning to be a deep cleaning?

6. What is it that your company does?

7. Is there free or paid parking at your business location?

8. Is there a dumpster available and accessible for trash removal?

9. Do you prefer after-hours services or daytime services?

10. Are there any security measures put in place if you are requesting after-hours service? If so, what are they?



11. How many entries and exit ways are there in your building?

12. What is most important to you and your team when it comes to cleaning?

13. Will you be providing your own cleaning products/solutions or paper products?

14. Do you prefer environmentally friendly products/solutions or recycled paper goods?

15. What are your budget limitations?

16. Do you have any specialty concerns?

17. What are your provisions for entry for us to provide services?

18. What is your frequency need for cleaning services?

19. We will sometimes recommend other services doing walkthrough if we notice a need for them. Is there a need for any additional services doing your initial or recurring cleaning?
- Tiles and Grout Cleaning
 - Carpet Cleaning w/wo stain removal
 - Window Cleaning
 - Mist and Fogger Sanitation
 - Pressure Washing
 - Steam Cleaning
 - Window Washing
 - Upholstery Cleaning
 - Hard water stain removal
20. How soon are you looking to hire for service? _____



Signatures

Print Name

Signature

Title

Date

Print Name

Signature

Title

Date