

Residential Cleaning Agreement



Golden Touch, LLC
"There is always something GOLDEN hidden
in the HANDS of those who SERVES you."

Date:	Phone #:
Discount Code:	Referral:

Walk-through Forms

T&T's Golden Touch Cleaning Services LLC
Business Phone: (770) 325-5228
Business email: tamarette@ttsgoldentouchllc.com

Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Preferred Payment Method: ___ Debit/Credit ___ Cash ___ Check

Number of family members in home: ___ Number of pets in home: ___

Type of Home:

- | | |
|--|-----------------------|
| <input type="checkbox"/> Single Family | # of Bedrooms: _____ |
| <input type="checkbox"/> Townhouse | # of Bathrooms: _____ |
| <input type="checkbox"/> Apartment | Square Footage: _____ |
| <input type="checkbox"/> Other: _____ | |

Rooms to be cleaned:

- | | | |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Attic | <input type="checkbox"/> Rec. Room |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Basement | <input type="checkbox"/> Hallways |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Garage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Utility/Mud Room | |

This agreement will remain valid for future services up to 12 months. Must give 30 day notice to cancel the entire agreement without penalty of \$75. To skip cleanings, 48 hour notice is needed to avoid 50% charge. If cancellation is less than 24 hours a 100% charge must be received in full in advance before next scheduled service. Late payments subject to a 25% fee. All work guaranteed for 24 hours after completion.

Residential Cleaning Agreement

Stairways

Office/Den

Type of Cleaning:

Standard

Party/Special Occasion

Other: _____

Deep

Move In/Out

of Cleaners: _____

Special Instructions: _____

Once

Weekly

Bi-Weekly

Monthly

As Needed

How Often:

Mon

Tue

Wed

Thurs

Fri

Sat

Sun

9-11

12-2

3-5

Preferred Days:

Preferred Arrival Time:

Do you have preferred products you will provide? Yes/No Which ones?

Additional Services: _____

Estimate: _____ **Accepted amount for agreed cleaning(s):** _____

Customer Signature

Representative Signature

Date

Date

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