X-TREME CLEAN
Customer Information Sheet

Customer:_____Date: _____DOSR:_____

Address: _____
Directions:
_____
_____

Phone: (H) _____Cell: _____Fax: _____

Type of Facility: _____House _____Apt/Condo _____Commercial

Number of Bedrooms: _____Number Baths: _____ Floors: _____

Garage: _____Basement: _____List Other: _____Sq.Ft: _____

No. of Children & Ages: _____Pets & Types: _____

Security System: Y or N: Code: _____ Date rec'd keys/code: _____

Types of Services Requested:

BASIC	**SUPPLEMENTARY**	**SPECIAL**
Empty Trash	Clean out Fridge	Window Washing
Dust Furniture	Clean Oven	No. _____
Remove Cobwebs	Do Laundry	_____
Vacuum Floors	Make Beds ____#	_____
Dust Knickknacks	Clean Cabinets	Carpet Shampoo _____
Dust Basic Light Fixtures	Oil Furniture	Strip/Wax Floors _____
Clean Mirrors	Pick up toys/clothes etc	
Sweep/Mop floors	Ceiling Fans _____#	
Sinks/tubs/showers/toilets		
Detail in Bathrooms		
Counters and Items on Tops/Front Appliances		
Micro in/Out		

Special requirements or needs:

_____
_____
_____

Estimate OR Firm Price Given: _____By: cb cr nl