



Client Profile Sheet

Name: _____ Date: ____/____/____

Address: _____

Cell phone: _____ Work: _____

E-mail: _____

Preferred form of contact (Circle all that apply): Call Text Email

Pet's Information: Species and Names: _____

Emergency Contact Name: _____ Relation: _____

Phone number: _____

Have you had a cleaning Service before? Yes No

How did you hear about us? _____

Check one:

☐ PC Vacuum ☐ Client Vacuum

Check one:

☐ PC Cleaners ☐ Client's Cleaners

Preferred method of entry (select one): Key Home at time of cleaning Garage code: _____

Preferred time of day: Morning (9am-12pm) Afternoon (12pm-5pm)

-Do you grant us permission to enter your home on the dates scheduled? Yes No

-If we are unable to gain access to the home a "lock out" fee will be applied of \$25

Preferred form of Payment: 1. ACH 2. Card

1. Automatic withdrawal on the day of the cleaning- please include a voided check

2. Card type: _____ Card number: _____

Name on Card: _____

Expiration Date: _____ CVV Code on the back: _____ Zip Code: _____

*MN residents will have a service tax added of 6.875% for each cleaning

*To authorize Card/ACH charges please sign below.

*Signing below also acknowledges that you understand & agree to the terms of this agreement.

Signature: _____ Date: _____