THE ELBOW GREASE EXPERTS
NEW CLIENT INTAKE FORM
Where Hard Work Meets a Spotless Finish
Commercial & Residential Cleaning Services

CLIENT INFORMATION

Business Name: _____

Contact Person: _____

Title: _____

Phone: _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Service Address (if different): _____

PROPERTY INFORMATION

Property Type:
☐ Office
☐ Medical Office
☐ Dental Office
☐ Retail Store
☐ Apartment Common Areas
☐ Warehouse
☐ Church
☐ Residential
☐ Move-In / Move-Out
☐ Post-Construction

☐ Other: _____

Approximate Square Footage: _____

Number of Floors: _____

Number of Offices: _____

Number of Restrooms: _____

Break Room/Kitchen:
☐ Yes
☐ No
Special Entry Instructions:

SUPPLIES

Customer Will Provide:
☐ Paper Towels
☐ Toilet Paper
☐ Soap
☐ Trash Bags
☐ None
The Elbow Grease Experts Will Provide:
☐ All Cleaning Supplies
☐ Equipment
☐ Chemicals

SPECIAL REQUESTS

Please list any areas requiring special attention!

Any surfaces requiring special products?

Any restricted areas?

BILLING INFORMATION

Invoice Delivery:
☐ Email
☐ Mail
☐ Both
Payment Method:
☐ Check
☐ ACH
☐ Credit Card
☐ Zelle

☐ Other: _____

Payment Terms:
☐ Due Upon Receipt
☐ Net 15
☐ Net 30

EMERGENCY CONTACT

Name:

Phone:

Relationship/Title:

CLIENT ACKNOWLEDGEMENT
I certify that the information provided is accurate and understand that this intake form helps The Elbow Grease Experts provide professional cleaning services. Final pricing and services will be confirmed in the Commercial Cleaning Service Agreement.

Client Name:

Signature:

Date:

FOR OFFICE USE ONLY

Client Number: _____

Estimate Completed:
☐ Yes
☐ No

Service Agreement Signed:
☐ Yes
☐ No

Insurance Certificate Requested:
☐ Yes
☐ No
Walk-Through Completed:
☐ Yes
☐ No

Service Start Date:

Account Manager:

Laura Thomas

Notes: