



ALL Over Clean

Customer Intake Form

Customer Name	Phone Number	Customer E-Mail

Customer Address	Gate or Lock Code

Cleaning Type	Price Quoted	Day of Week Requested				
1 Deep Cleaning	\$	M	Tu	W	Th	F
Weekly	\$	M	Tu	W	Th	F
Bi-Weekly	\$	M	Tu	W	Th	F
1 a Month	\$	M	Tu	W	Th	F