



# Skinny Minny, Inc.

## COMMERCIAL INTAKE & PRICING FORM

☐ Telephone      ☐ In-Person

<b>Date of Intake:</b>		<b>Square Footage of Area to be Cleaned:</b>
<b>Company Name:</b>		
<b>Company Address:</b>		
<b>Company Telephone Number:</b>		
<b>Company Website:</b>		
<b>Name of Contact Person:</b>		
<b>Contact Person's Extension / Direct Number:</b>		
<b>Name of person to send proposal to, if different:</b>		
<b>Email Address to send proposal to:</b>		
<b>How did they hear about company?</b>		
<b>If ever, last time business was professionally cleaned:</b>		
<b>How often would you like services?</b>		

<b>Type of Business:</b>	
<b>Special Notes:</b>	

<b>Entrance Way:</b> <input type="checkbox"/> Yes   or <input type="checkbox"/> No	<b>Clean Glass:</b> <input type="checkbox"/> Yes   or <input type="checkbox"/> No	
<b>Flooring at ENTRANCE WAY:</b>	<input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Carpet	
<b>Receptionist Area:</b> <input type="checkbox"/> Yes   or <input type="checkbox"/> No	<b>Clean Glass:</b> <input type="checkbox"/> Yes   or <input type="checkbox"/> No	<b>Notes:</b>
<b>Number of Offices?</b> _____	<b>Clean Glass:</b> <input type="checkbox"/> Yes   or <input type="checkbox"/> No	
<b>Number of Cubicles?</b> _____		
<b>Number of Restrooms?</b> _____		
<b>Break Room?</b> _____	<b>Type of Appliances within break-room, if applicable:</b>	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Black <input type="checkbox"/> White
<b>Other</b> _____		



# Skinny Minny, Inc.

## COMMERCIAL INTAKE & PRICING FORM

☐ Telephone      ☐ In-Person

Types of Flooring within the business (overall)?	<input type="checkbox"/> Wood	<input type="checkbox"/> Tile	<input type="checkbox"/> Carpet
<b>RATE the BUSINESS</b>			
<b>ASK / OBSERVE</b>	<b>Telephone</b>	<b>In-Person</b>	
On a Scale of 1-10, with 10 being the worst ... How organized is your business?	1    2    3    4    5 6    7    8    9    10	A    B    C    D    F	
On a Scale of 1-10, with 10 being the worst ... How clean is your business?	1    2    3    4    5 6    7    8    9    10	A    B    C    D    F	
Preferred Cleaning Schedule of Client:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Client's Preferred Cleaning Package:	<input type="checkbox"/> Pearl	<input type="checkbox"/> Polished	<input type="checkbox"/> Pink <input type="checkbox"/> GO Green

### For Office USE Only – PRICING

<b>1<sup>st</sup> Time Service Fee:</b>	\$
<b>Weekly Service Fee:</b>	\$
<b>Bi-weekly Service Fee:</b>	\$
<b>Monthly Service Fee:</b>	\$
<b>Date Client Notified:</b>	
<b>Method of Notification:</b>	<input type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Other
<b>Client Accepted / New Business:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cleaning Frequency:</b>	
<b>Tentative Start Date:</b>	
<b>Client Unsure, F/U Date:</b>	
<b>F/U Status:</b>	
<b>NOTES:</b>	