



Skinny Minny Inc.

Client Profile

Information disclosed, will not be sold or given to a third party. All information provided is confidential. Please submit all inquiries at (708) 533-0887 3011 W. 183rd Street #285, Homewood, Illinois 60430

Contact Person (First & Last Name):		
Location Address:		
City, State, & Zip Code:		
Email Address:		
Telephone Number (Direct Line):		Alternate Telephone Number:
Does the residence/building have pets? (if yes, select type of pet)		NOTES:
How did you hear about our service?		
Cleaning Schedule (select one):		
What time of day works best?		
What date would you like services to start (MM/DD/YYYY)? Actual start date is based on availability; Skinny Minny Inc. will work diligently to meet the desires of Clients.	1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____	
CREDIT CARD INFORMATION: CLIENT must make a \$50 deposit to secure all appointments. Deposits are non-refundable.		
Name on Card:		
Type of Card (select one):	Card Number:	
Expiration Date:	3-digit CVV (Security Code on back):	
Authorization Signature: _____ <i>Card will be charged only when authorized by Client or in the event a cancellation fee is required.</i>		
Client received Client Pamphlet: (Client Must Initial as receipt of pamphlet): X _____		
Individualized Pricing: (Office Use Only)	<input type="checkbox"/> Initial/One-time \$ _____ <input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Bi-weekly \$ _____ <input type="checkbox"/> Monthly \$ _____	

Skinny Minny Inc. requires a 48 hour notice of cancellation. Failure to notify, within required time, will result in a 25% fee of cleaning rate or \$50, whichever is greater, and will be charged to the credit card on file. Failure to collect cancellation fee, if applicable, will result in additional costs, possible contract termination, and court fees. The client is responsible for all court and attorney fees resulting from breach of contract and terms listed on Client Pamphlet.

Signature of Client: _____