



Skinny Minny, Inc.

INTAKE & PRICING FORM ~ New Clients

☐ Telephone ☐ In-Person

Date of Intake:	
Client Name:	
Telephone Number:	
Email Address, if applicable:	
Address:	
Approximate Sq. Footage of Home	
Total Number of Level(s):	
Number of Level(s) to be Cleaned, if different:	
How did they hear about company?	
If ever, last time home was professionally cleaned:	

Number of Bedrooms:		
Number of Bathrooms:	½ Baths _____	Full Baths: _____

Number of People in home? _____	Number Adults: _____	Number of Children: _____
		Ages: _____

Pets? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Number of Pets: _____	Type of Pets: _____
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Types of Flooring within the home?	<input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Carpet
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Type of Appliances within the Kitchen:	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Black <input type="checkbox"/> White
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ASK / OBSERVE	Telephone	In-Person
On a Scale of 1-10, with 10 being the worst ... How organized is your home?	1 2 3 4 5	A B C D F
	6 7 8 9 10	
On a Scale of 1-10, with 10 being the worst ... How clean is your home?	1 2 3 4 5	A B C D F
	6 7 8 9 10	
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	



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For Office USE Only – PRICING

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