



CARPE DIEM CLEANING

seize a clean day.

MOVE IN/OUT CHECKLIST

Client Name : _____

Home Address: _____

Square footage: _____

Check all items to be cleaned

KITCHEN

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> light fixtures/ceiling fans* | <input type="checkbox"/> inside of refrigerator (including freezer) |
| <input type="checkbox"/> window sills/blinds | <input type="checkbox"/> stove top |
| <input type="checkbox"/> inside glass of windows | <input type="checkbox"/> inside of oven |
| <input type="checkbox"/> cabinets & drawers (inside/outside) | <input type="checkbox"/> inside of microwave |
| <input type="checkbox"/> backsplashes | <input type="checkbox"/> trim |
| <input type="checkbox"/> switch plates | <input type="checkbox"/> door face |
| <input type="checkbox"/> countertops | <input type="checkbox"/> sink |
| <input type="checkbox"/> outside surfaces of appliances | <input type="checkbox"/> baseboards |
| | <input type="checkbox"/> floor; surface type: _____ |

Additional Notes:

BATHROOMS

(Quantity: _____ full _____ half)

- | | |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> light fixtures/ceiling fans* | <input type="checkbox"/> door face |
| <input type="checkbox"/> mirrors | <input type="checkbox"/> switch plates |
| <input type="checkbox"/> sink(s) | <input type="checkbox"/> cabinets fronts |
| <input type="checkbox"/> countertops | <input type="checkbox"/> cabinets & drawers (inside) |
| <input type="checkbox"/> window sills/blinds | <input type="checkbox"/> toilet |
| <input type="checkbox"/> all tub/shower surfaces | <input type="checkbox"/> baseboards |
| <input type="checkbox"/> trim | <input type="checkbox"/> floor; surface type: _____ |

Additional Notes:

GENERAL LIVING SPACES

- | | |
|-------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> light fixtures/ceiling fans* | <input type="checkbox"/> shelving and cabinets |
| <input type="checkbox"/> inside glass of windows | <input type="checkbox"/> baseboards |
| <input type="checkbox"/> window sills & blinds | <input type="checkbox"/> floor; surface type: _____ |
| <input type="checkbox"/> trim | <input type="checkbox"/> fireplaces (sweeping only) Quantity: _____ |
| <input type="checkbox"/> door faces | <input type="checkbox"/> porch areas (sweeping only) |

Additional Notes:

* Our crews use a stepstool and extension tool to clean areas up to 10 feet in height.

Location of cleaning: _____ City: _____

Client name: _____

Phone (1): _____ Phone (2): _____ Email address: _____

Credit Card information (Required)

Card Type: Visa MasterCard Discover

Name (as appears on card): _____

Card #: - - - Exp.: - CVC #
(3-4 digits on the back of card)

Cardholder's Signature: _____ OR Electronic Signature:

Billing Information:

Address: _____ City: _____ State: _____ Zip: _____

All move-out cleanings must have power and water turned on for scheduled cleaning. Home will be free from occupant items including, but not limited to, personal belongings, trash, and furniture. Any trash related to the cleaning process must be disposed of on-site.

Move-out cleanings are billed by time at the rate of \$35/man-hour with a one time \$8 supply charge. Site-unseen quote ranges are given for estimation purposes only. Actual cleaning time determined by such factors including, but not limited to: home size, surface types, detail needs, necessary cleaning depth, and preparation level.

Cancellations made within 2 business days of scheduled cleaning are subject to a rate of \$75.

Please check one:

- I authorize Carpe Diem Cleaning to automatically charge my credit card for services and fees rendered.
- I prefer to pay Carpe Diem Cleaning with a check or money order after the cleaning. I understand that payment is due within 7 days of the cleaning. I authorize Carpe Diem Cleaning to charge my credit card after 7 days of rendered service with the cost of cleaning plus a \$20 late fee, if payment has not been received.

I have reviewed the checklist regarding the items to be included in the as-needed deep cleaning.
I am aware of Carpe Diem Cleaning's scheduling and payment policies as outlined above.

Client signature: _____ Date: _____

OR

Electronic Signature:



Please send BOTH pages.

If you are electronically signing this form, please email it to: info@carpediemcleaning.com

If you are using a hand-written signature, please print and mail it to:

Carpe Diem Cleaning 902 Pearl St, Durham, NC 27701 Or fax to: (919)682-9723

