



CYCLONE

Carpet, Upholstery Cleaning

CLEANING CONTRACT

NAME: _____

PHONE: _____

ADDRESS: _____

By signing this contract you hereby agree to allow Cyclone Carpet Cleaning clean the following items while you, the customer, are not at the residence.

CARPETS	UPHOLSTERY
<input type="checkbox"/> Rooms _____ _____ _____ _____	<input type="checkbox"/> Couch
<input type="checkbox"/> Hallways	<input type="checkbox"/> Love Seat
<input type="checkbox"/> Steps	<input type="checkbox"/> Recliner
<input type="checkbox"/> 3M Scotchgard	<input type="checkbox"/> Kitchen Chairs
	<input type="checkbox"/> Ottoman
	<input type="checkbox"/> Sectional
	<input type="checkbox"/> Pillows

SIGN: _____

DATE: _____