



41550 Eclectic St, Palm Desert, CA 92260 * 888-336-8322

Client Information Form

Client Name: _____

Physical Address: _____

Mailing Address (if different): _____

Community Name (if any): _____

Gate code instructions (if any): _____

Community entrance cross streets: _____

Email Address: _____

Phone Numbers CELL: _____ HOME: _____

How did you hear about Elder Love? _____

Do you have any pets? If so, what kind? _____

Preferred days: _____

Preferred times: _____

How often do you need our services? _____

List any specific requirements about cleaning solutions or surfaces:

Client Cleaning Needs - *Mark all that apply*

Client Name: _____ Date: _____

Checklist (please check all that apply)

CLIENT'S supplies and equipment OR CLEANER'S supplies and equipment

Basic Housekeeping

- Vacuum/Sweep/Mop floors
- Dust shelves/décor/furniture or areas within reach
- Wipe counters/cooktops
- Clean toilet/sink/bath/shower
- Dishwasher unload/load
- Clean microwave
- Bed making
- Clean mirrors/faucets
- Laundry
- Empty trash

Deep Cleaning - Any of the above, PLUS any:

- Dusting ceiling fans and lights within reach of a 2-rung step stool
- Dust blinds/window sills
- Clean baseboards, wipe vents
- Vacuum furniture, and light shades
- Vacuum accessible areas under furniture (no moving furniture)
- Wipe down appliances and cabinet/drawer fronts
- Clean oven
- Wipe all switches and sockets
- Wipe picture frames/wall décor - damp cloth
- Clean hard water deposits from shower doors/walls

Please list Optional Extras, such as Cleaning inside drawers and cabinets, inside the refrigerator, vacuuming outdoor cushions, wiping down outdoor furniture, cleaning the front door & sweeping the threshold.

Elder Love USA, Inc. Consent Form

Client Name: _____ Date: _____

Consent to receive services: I hereby authorize Elder Love USA, Inc. to render appropriate cleaning services to the client named above. I understand personnel provided will be background-checked.

Initial _____

Overtime/Holidays: All charges for services rendered on holidays are **charged at one and one-half times** the applicable rate.

Initial _____

Pets: All pets will be kept contained and/or away from cleaning staff.

Initial _____

Tips: Employees are paid a fair rate and tips are not expected.

Initial _____

Termination of Services: I understand that I may terminate any scheduled appointment by giving at least twenty-four (24) hours' notice to Elder Love USA, Inc. I understand that Elder Love USA, Inc. may terminate this Agreement by providing at least three (3) days' notice or other minimum notice required under applicable state law. I recognize that notification may be furnished verbally in person or by telephone and that written confirmation will follow by mail. In those circumstances in which the life, safety, or well-being of agency personnel is or may be jeopardized, Elder Love USA, Inc. may terminate this Agreement without prior notice.

Initial _____

Arbitration: Shall be settled in accordance with the rules of the American Arbitration Association.

Initial _____

I have read and fully understand the content of the Consent Form and hereby agree to and authorize Elder USA to provide services.

Elder Love USA Financial Agreement

The undersigned, (herein referred to as “Billing Party/ Guarantor”) wishes to enter into this Financial Responsibility Agreement (the “Agreement”) with Elder Love USA, Inc. to provide _____ (“Client”) with cleaning services.

Hourly rates, (minimum 2-hour appointment):

- ___ Basic Cleaning, client’s supplies/equipment, 1 cleaner: \$33.00 per hour
- ___ Deep Cleaning, client’s supplies/equipment, 1 cleaner: \$40.00 per hour
- ___ Basic Cleaning, cleaner’s supplies/equipment, 1 cleaner: \$40.00 per hour
- ___ Deep Cleaning, cleaner’s supplies/equipment, 1 cleaner: \$50.00 per hour
- ___ Team Clean: our supplies and equipment \$125.00 per hour (\$62.50 per person)

GUARANTEE

I acknowledge that Elder Love USA, Inc. is relying upon my unconditional commitment to guarantee payment for cleaning services rendered to the Client, irrespective of the Client’s ability to pay for the services. I acknowledge that I will pay my invoices in a timely manner for services rendered by Elder Love USA.

PAYMENTS

The client will be invoiced on the first Monday following a cleaning visit. All invoices are due upon receipt. You may choose auto-pay or pay the Monday following your services.

Elder Love pays and charges holiday rates on the following five days: New Year’s Day, Memorial Day, July 4th, Thanksgiving Day, and Christmas Day. Holiday/overtime rates are time and a half.

CHANGES IN SCHEDULE

I acknowledge that I can change the schedule at any time as long as I give Elder Love USA, Inc. 72 hours prior notice. **If a 72-hour notice is not given, there is a service charge of two hours at the rate of this agreement.** However, if there is an unforeseen emergency such as a hospital stay, etc. This fee will be waived. If the cleaner arrives for a scheduled shift and the client is either not home or refuses the visit, there will be a 2-hour charge applied (and the cleaner will be paid for 2 hours).

CANCELLATION

I acknowledge that I can completely cancel all services at any time, however, a 72-hour notice would be required.

Signature of Client

Date



Credit Card / ACH Authorization Form

Elder Love USA, Inc. requires that a credit card or ACH (bank account draft) remain on file.

CHOOSE ONE:

- I wish to have my credit card used to pay my invoices each Monday and a copy of the paid invoice sent to me via email. I understand that credit card transactions may include a transaction fee of 3% of the total.
- I wish to use ACH (bank account) to pay my invoices each Monday and a copy of the paid invoice sent to me via email. *ACH bank drafts have NO transaction fees.*
- I wish to have my invoice emailed to me and I will pay online each Monday.

Email address for invoice delivery _____

- I UNDERSTAND THAT AN ELDER LOVE USA, INC. REPRESENTATIVE WILL CONTACT ME TO COLLECT MY CREDIT CARD/ ACH INFORMATION.

Payer's Name _____ Payer's Phone Number _____

If not using autopay, I authorize Elder Love USA, Inc. to keep my charging information on file in a secure location and to charge my credit card or bank account for invoices that become 14 days past due. Your card number, or banking information, will be redacted when stored in the file.

Signature of Payer _____ Date _____