



Date Service Performed: _____

COVERALL
ONE-TIME SERVICES

CUSTOMER: _____

FRANCHISEE: _____

FOR:

____ INITIAL CLEANING

____ CLEAN & SPRAY BUFF FLOORS

____ DETAIL CLEANING

____ WASH & WAX FLOORS

____ CARPET CLEANING

____ WASH OR STRIP & SEAL FLOORS

____ STRIP & WAX FLOORS

____ WASH WINDOWS

AREA SERVICED:

____ MISCELLANEOUS SPECIAL
SERVICES (SPECIFY)

I/WE ACKNOWLEDGE THE ABOVE SERVICES WERE COMPLETED TO MY

SATISFACTION ON _____
(date)

AUTHORIZED SIGNATURE: _____

ACCOUNT NUMBER: _____ PURCHASE ORDER #: _____