

## NEW CLIENT REGISTRATION

PLEASE SPEND A FEW MINUTES COMPLETING THIS CLIENT REGISTRATION FORM, AS IT WILL HELP US MATCH A SUITABLE CLEANER TO YOUR REQUIREMENTS MORE EFFICIENTLY. ALL DETAILS ARE OF COURSE CONFIDENTIAL & ARE TO BE USED BY HAPPY HANDS ONLY.

### Contact Details

Co Name \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime Telephone (+code) \_\_\_\_\_  
 Evening Telephone (+code) \_\_\_\_\_  
 Mobile \_\_\_\_\_

e-mail address \_\_\_\_\_

Number of reception rooms \_\_\_\_\_  
 Number of rooms \_\_\_\_\_  
 Number of toilets \_\_\_\_\_  
 Number of Floors \_\_\_\_\_

Nearest Bus/Tube Station \_\_\_\_\_

### Services Required

Tenancy cleaning	Carpet cleaning	please circle
Office Cleaning	Handy Man	
After Build Clean	After party	
Communal Cleaning	Regular Cleaning	
C.H.M.T cleaning	Corporate	

### About your cleaner

Type of Contract Cleaner	Permanent	Temporary	please circle
Age Range	18-24	25-35	35+ please circle
Smoking	No Preference	Non Smoker	Smoker please circle
Placement	Daily	Weekly	Monthly please circle
Days & Times preferred	Monday	AM	PM please circle
	Tuesday	AM	PM please circle
	Wednesday	AM	PM please circle
	Thursday	AM	PM please circle
	Friday	AM	PM please circle
	Saturday	AM	PM please circle
	Sunday	AM	PM please circle
Starting date	_____		

I have read and accept the Agency's Terms & Conditions.

Signed \_\_\_\_\_  
\_\_\_\_\_

Dated

**About Us & Our Services**

How did you hear about Happy Hands if other please specify    Directory    Web    Friend    please circle  
\_\_\_\_\_

Have you used Our Services before if yes please specify    Yes    No    please circle  
\_\_\_\_\_

Thank you for taking the time to complete these questions.