

Cleaning Service Contract Form

Client Information

- Client Name: _____
- Contact Number: _____
- Address: _____
- Email Address: _____

Service Provider Information

- Cleaning Company Name: _____
- Contact Person: _____
- Phone Number: _____
- Email Address: _____

Scope of Services

List of specific cleaning tasks agreed upon, frequency, and any special instructions.

Task Description	Frequency	Special Instructions	Additional Cost

Service Duration and Schedule

- **Contract Start Date:** _____
- **Contract End Date (if applicable):** _____
- **Scheduled Cleaning Days:** _____
- **Preferred Time of Cleaning:** _____

Payment Terms

- **Total Service Cost:** _____
- **Payment Frequency:** Weekly Monthly Upon Completion
- **Payment Method:** Cash Credit Card Bank Transfer

Agreement Terms

- **Liability and Insurance Details:** _____
- **Cancellation Policy:** _____
- **Additional Services:** _____

Signature and Date

Client Signature: _____

Service Provider Signature: _____

Date: _____