

CLIENT INFORMATION

CONTACT INFORMATION

First Name: _____ Last Name: _____

Email Address: _____

Cell Phone: _____

Work Phone: _____

Fax Number: _____

Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION (Required)

Visa MC AMEX (Check one)

Name as it appears on card: _____ Card Number: _____

Expiration Date: _____

Billing Address (Check if the same as home address): _____

City: _____ State: _____ Zip Code: _____

INITIAL REQUEST

Initial Request Description: _____

Location: _____

Additional Directions: _____

Purchase Price (if applicable): _____

Please Note: If your initial request requires we make a purchase on your behalf, we require a deposit for the expense based on the amount. A deposit of \$100 is required to initiate all requests.

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| <ul style="list-style-type: none">• Services are offered on an hourly rate, ala carte basis at \$45 per hour• Rates are billed in 30 minute increments.• A 24 hour notice is requested for all services.• Additional mileage charges may apply.• There is a one hour minimum service request. | <ul style="list-style-type: none">• The cost of purchased items or third party services are not included.• After hours, holidays and weekend services may incur additional cost.• We respectfully request payment at time of service rendered |
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Please fax your completed form to (813) 877-5791. For your security, we prefer you fax this information to our secure home office, or we are happy to take your credit card number over the phone. You may scan and email this form at your own discretion.