Merry Maids

J. R. Nichols Company, Inc.

Troy Livonia Novi Peoria

***248 250-7660 734 458-9708 248-348-9868 309-698-1977***

[troymm@merrymaids.net](mailto:troymm@merrymaids.net) [Livonia@merrymaids.net](mailto:Livonia@merrymaids.net) Peoria@merrymaids.net

## Cleaning Fees

We are pleased to present the following cleaning fees for the services we have discussed.

First visit \_\_\_\_\_\_per Visit Weekly Service \_\_\_\_\_\_ per cleaning

One Time Clean \_\_\_\_\_\_per Visit Biweekly Service \_\_\_\_\_\_ per cleaning

Monthly Service \_\_\_\_\_\_ per cleaning

# Service Payment Authorization

Thank you for choosing ***Merry Maids*** for your home cleaning needs. Our pricing structure anticipates payment at the time of service. Please select the form of payment that best suits your needs and provide the appropriate information.

We require a charge card authorization to confirm your first cleaning, then at the time of cleaning you may pay by Direct Deposit, personal or business check or the provided charge card.

This authorization will be retained on file for your convenience, and will remain in effect until it is cancelled by you.

I understand that ***Merry Maids*** expects payment at the time of service and hereby authorize and select the following form of payment:

\_\_\_\_ Direct Deposit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number Routing Number

\_\_\_\_ Business Check or Personal Check

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number Exp Date State

\_\_\_\_ Credit Card \_\_\_\_Visa \_\_\_\_MC \_\_\_\_Discover \_\_\_\_AmEx

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_

Account Number Exp Date CVV2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Address Account Holder, If different

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Zip Code

I agree to be responsible for payment of services as discussed and as described herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Customer Signature