AGREEMENT FORM



SURNAME			FIRST NAME(S)	
ADDRESS			TELEPHONE HOME	
			TELEPHONE OFFICE	
POSTCODE			MOBILE	
EMAIL			FAX	
HOURS DEOLIDED DED WEEK			WORK PEOURPE	
HOURS REQUIRED PER WEEK- we	for the size of the ho	oom ome	WORK REQUIRED	
3 = STANDARD 4 = 4 BED HOME			GENERAL CLEANING IRONING	OTHER
DAYS PREFERRED please be advised the	hat this is dependant on avc	ailability	ENQUIRY SOURCE	
RATE PAID TO CLEANER BY CLIEN PER HOUR	T MANAGEMI	ENT FEE PAYABLE BY STANDING	QUARTERLY IN ADVANCE G ORDER	FIRST PAYMENT CHEQUE TO BE SENT WITH THIS FORM
£ 6-7 £ 7-8 £ 8-9	Other	£		PAY BY CARD
ALARM	KEY		NOTES	
YES NO	YES	NO		
PETS	SMOKERS			
	YES	NO		
I HAVE READ, UNDERSTOOD AN CONDITIONS ON WWW.AIDTOF CONFIRM THE INFORMATION PR	REEDOM.COM AND			
SIGNED BY CLIENT	DATE			
SIGNED FOR AID TO FREEDOM	DATE			
Office us	se only standing order st.	ART DATE		

STANDING ORDER MANDATE



ACCOUNT HOLDE	RS NAME		ACCOUNT NUMBER		
ACCOUNT HOLDERS ADDRESS			SORT CODE		
			BANK NAME		
POST CODE			BRANCH ADDRESS		
	Please	Place First Paym	nent Cheque Here		
	O	r leave blank if pa	nent Cheque Here aying by card		
	Ouarterly Stand	ding Ord	er Payment Detai	i1s	
	·	_	or raymont beta		
	Quarterly standing orde To Freedom Ltd	r to:-	Please pay the sum of:	f	
HSBC City Branch			Quarterly to Aid to Freedom Ltd until further notic		
3	33 Park row,		, ,		
	LS27 OHB		Using Reference code		
Sort Code	40-27-15		Osing Reference code		
			To Start From	/ /	
Account Number	83939987			, ,	
Customer Signature			Date		