



The Caledonia
450W17

Window Cleaning Request Form

Name: _____ Apt No.: _____

Home Phone: _____ Cell/Work Phone: _____
(should we need to contact you)

Apartment Size: *(Please circle one)* Studio 1BR 2BR 3BR

Will you be home during the cleaning? *(Please circle one)* YES NO

Do we have permission to enter? *(Please circle one)* YES NO

Please select your preference below:

PREFERENCE 1: Day of Week: _____ Time: _____

PREFERENCE 2: Day of Week: _____ Time: _____

Only credit card payments will be accepted.

No cash or checks.

CARD TYPE: *(Please circle one)* American Express Discover MasterCard VISA

Credit Card Account Number: *(Do not include hyphens)*

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Expiration Date: (MM/YY)

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CVV2/CID:

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If you are using **Discover, MasterCard or Visa**, you must provide the **3-digits**. CVV2 (Customer Verification Value) in **back of card**.

If you are using **American Express**, you must provide the **4-digits**. CID (Confidential Identifier Number) in **front of card**.

Note: Credit Card billing will be charged directly from our window cleaning provider, Red Cap Services.

Red Cap Services, Ltd . • (212) 787-9565 • redcapvalet@msn.com

Related Management • 450 West 17th Street • New York, NY 10011 • 212-842-1933 • fax 212-842-1934