



madivents ltd. TM

A madcomm company®

new client form

name:

first

last

home address:

city

state

zip

phone:

home

work

mobile

email:

how did you hear about us?

what types of errands/assistance are you interested in us performing for you?

<input type="checkbox"/> dry cleaning pick up/delivery	<input type="checkbox"/> holiday help	<input type="checkbox"/> "wait-for" service
<input type="checkbox"/> gift/personal shopping	<input type="checkbox"/> event assistance	<input type="checkbox"/> line waiting
<input type="checkbox"/> prescription pick up/drop off	<input type="checkbox"/> elder care/check-in	<input type="checkbox"/> correspondence
<input type="checkbox"/> courier service	<input type="checkbox"/> pet services	<input type="checkbox"/> event planning
<input type="checkbox"/> post office runs	<input type="checkbox"/> vacation home check	<input type="checkbox"/> organization help
<input type="checkbox"/> item returns	<input type="checkbox"/> reminder service	<input type="checkbox"/> office help
<input type="checkbox"/> lunch delivery	<input type="checkbox"/> appointment making	<input type="checkbox"/> other

Details of your service request:

service type:	Date of 1 st request	account number:
please don't write in this shaded area (for internal use only)		



madivents Ltd. TM

A madcomm company®

credit card authorization

madivents accepts Visa, MasterCard and American Express as a payment option. To have your credit card charged for **madivents** services we **MUST** have the following signed statement on file. Accounts will be charged on the invoice date, unless other arrangements have been made. There is no surcharge for using credit cards as a form of payment.

*If paying with a Personal Check, please make payable to: **madivents Ltd.***

or feel free to use PayPal on-line

Please choose from the following options and sign on the appropriate line.

One time charge

Ongoing charges

Purchases made on my behalf

A. I authorize **madivents** to bill my credit card account for \$ _____

Authorized signature _____ Date: _____

B. I authorize **madivents** to charge my credit card account for those charges that I may accrue from month to month or any past due balances in order to bring the account to current status. This authorization is valid until revoked in writing.

Authorized signature _____ Date: _____

C. I authorize **madivents** and any of their employees/independent contractors to charge my credit card account for any purchases made on my behalf, at my request, at your establishment. This authorization is valid until revoked in writing.

Authorized signature _____ Date: _____

method of payment:

(circle one) CASH CHECK CREDIT CARD

Please check one: Visa Mastercard American Express

cardholder: _____
(full name as it appears on the card)

card no. _____ exp. date: _____

signature: _____ security code: _____

Please keep my credit card on file to bill it for future services/purchases. _____ (Initials)

Instructions:

- Please print out this form
- Fill out all information, including signature and date

800.838.5716 toll-free
202.396.0895 fax

locations in
dc & pa

madivents.com