

# 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: \_\_\_\_\_ ZipCode: \_\_\_\_\_

## CREDIT CARD INFORMATION (Required)

Name as appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: (If different then home address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby authorize Auxilio-HomeAide to charge my credit card account for expenses requested and service invoices each month. Please sign for future authorization:

Cardholder Signature:

\_\_\_\_\_ Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

- Services are offered on an hourly rate, ala carte basis.
- 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.
- 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.

Please scan your completed form to [info@auxilio-homeaide.com](mailto:info@auxilio-homeaide.com). For your security we are happy to take your credit card number over the phone.