



## A&M Office Cleaning Janitorial Service

[Amcleaningjanitorialservice@gmail.com](mailto:Amcleaningjanitorialservice@gmail.com)

This agreement for cleaning services between \_\_\_\_\_ (Client) and A&M Cleaning & Janitorial Service (hereafter referred to as cleaner) is made and entered into upon the following date \_\_\_\_\_

The above-mentioned parties hereby agree to the following terms:

1. Client will give cleaner access to the Property scheduled to be cleaned located at 2524 N. Closner Blvd. Edinburg Tx 78541. After Business hours and any mutually agreed upon times.
2. Client will provide for the use by the cleaner in performance of this agreement the following supplies and equipment \_\_\_\_\_.
3. Client will pay cleaner \$ \_\_\_\_\_ on the last day of each month for services to be performed during the rest of the month Including Holidays.
4. Services to be performed by cleaner include the following:
  - Vacuuming of carpets
  - Dusting
  - Trash removal and replacing liners
  - Mopping
  - Clean glass doors, windows, mirrors
  - Restrooms
  - Sanitizing touch points
  - Duties are to be performed Monday through Friday

5. No hours of completion are to be noted due to how long the duties will vary. As long as it takes for Facility to be cleaned.

Cleaner will begin performing cleaning services on Wednesday January 1, 2025. Or any agreed upon date due to Holiday business hours.

Thereafter, cleaning services shall be performed on a mutually agreed upon schedule. Either party may terminate this contract with written notice 30 days in advance.

Any payment for above mentioned services owed by the client shall be due on or before the last day of each month. Method of payment shall be paid either payable by check to A&M Office Cleaning & Janitorial Service, or Direct Deposit.

6. Cleaner will use its own products and supplies. Should Client require the use of any special products, Client must notify Cleaner before cleaning begins. Client may provide the product. If Client requires Cleaner to use specialized products an additional fee may be assessed. ANY other duties other than what is agreed upon this contract, may be invoiced separate upon agreement between client and business.

7. The Services shall be commenced on or before \_\_\_\_\_, 20\_\_\_\_,) and shall be substantially completed by \_\_\_\_\_, 20\_\_\_\_.

8. The Services shall be performed between the hours of \_\_\_\_\_ p.m. until job is completed.

9. The Services are ongoing, and shall be completed \_\_\_\_\_ (weekly after client's normal business hours), commencing on \_\_\_\_\_, 20\_\_\_\_. The Services shall be performed on \_\_\_\_\_ between the hours of \_\_\_\_\_ p.m. and p.m. For on-going service.

**CLEANING SERVICE AGREEMENT**

In witness to their agreement to these terms, the client and A&M Cleaning and Janitorial Service sign their signatures below.

This Agreement shall be governed by the laws of the State of \_\_\_\_\_ in \_\_\_\_\_ County and any applicable federal law

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Cleaner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# Cleaning CHECKLIST



DATE: \_\_\_\_\_

№	ACTIVITIES	
1	Dust all surfaces including shelves, furniture	<input checked="" type="checkbox"/>
2	Clean mirrors and glass surfaces using a glass cleaner	<input type="checkbox"/>
3	Vacuum carpets and area rugs	<input type="checkbox"/>
4	Sweep and mop hard floors	<input type="checkbox"/>
5	Clean and disinfect toilets, sinks, and showers	<input type="checkbox"/>
6	Scrub and disinfect kitchen countertops and sinks	<input type="checkbox"/>
7	Clean the kitchen appliances such as the stove, oven, fridge	<input type="checkbox"/>
8	Wipe down cabinets and drawers in the kitchen, bathroom	<input type="checkbox"/>
9	Clean and disinfect light switches, doorknobs	<input type="checkbox"/>
10	Wash and change bed linens <i>N/A</i>	<input checked="" type="checkbox"/>
11	Dust blinds and window sills	<input type="checkbox"/>
12	Clean windows inside and out	<input type="checkbox"/>
13	Clean and disinfect garbage cans	<input type="checkbox"/>
14	Vacuum furniture and upholstery	<input type="checkbox"/>
15	Clean and disinfect pet areas <i>N/A</i>	<input checked="" type="checkbox"/>
16	Wipe down baseboards and molding	<input type="checkbox"/>
17	Dust ceiling fans and light fixtures	<input type="checkbox"/>

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
 requester. Do not  
 send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
 See Specific Instructions on page 3.

	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <div style="text-align: center; font-size: 1.2em;">Arnaldo Cantu</div>	
	<b>2</b> Business name/disregarded entity name, if different from above. <div style="text-align: center; font-size: 1.2em;">A+M Office Cleaning &amp; Janitorial Service</div>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <div style="font-size: 1.2em;">1803 Ariel Ln.</div>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <div style="font-size: 1.2em;">Edinburg Tx, 78539</div>	
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>										
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">8</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">-</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">1</td> <td style="width: 12.5%; border: 1px solid black;">8</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">6</td> </tr> </table>	8	5	-	0	5	0	1	8	5	6
8	5	-	0	5	0	1	8	5	6	

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <i>Arnaldo Cantu</i>	Date <i>12/5/24</i>
------------------	---	---------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328		<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com FAX (A/C No.):	
<b>INSURED</b> Arnaldo Cantu DBA A&M Office Cleaning & Janitorial Service 1803 Ariel Lane Edinburg, TX 78539		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hiscox Insurance Company Inc NAIC # 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P103.185.345.1	08/16/2024	08/16/2025	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

# A&M Office Cleaning & Janitorial

amcleaningjanitorialservice@gmail.com  
(956) 270-0330 | Edinburg Tx, 78539

**DATE 10/22/2024**

## BILL TO

Hidalgo County Community Service Agency  
2524 N. Closner Blvd  
Edinburg, Tx  
Office: 956-380-4324

## FOR

Cleaning & Janitorial Services

## Details

Item #1 Clean Sweep and Mop assigned areas according to colors on building floor plan.

135.00 Daily

Item #2 Clean all chairs in waiting areas and lobbys, along with restrooms, windows, and all glass doors.

Item #3 A&M will provide some cleaning supplies

Services will start after 5:pm Monday thru Friday

## AMOUNT

SUBTOTAL 675.00 wkly

TAX RATE

OTHER \$0.00

TOTAL \$2,700 Monthly

Make all checks payable to A&M Office Cleaning & Janitorial

If you have any questions concerning this invoice, use the following contact information:

A & M Cleaning, (956) 270-0330, amcleaningjanitorialservice@gmail.com

**THANK YOU FOR YOUR BUSINESS!**