ESTIMATE

Estimate no.

Date

Valid until

FROM

Business name

Address

Phone / email

PREPARED FOR

Customer name

Address

Phone / email

Job address

Planned start date

SCOPE OF WORK

List rooms or measured area, fiber considerations, treatment and furniture-moving arrangements.

Description	Unit	Qty	Rate	Amount
Standard Room	room			
3 Room Special	each			
Pet Odor Treatment	room			
Sofa (3-cushion	each			
Carpet Cleaning (per sqft	sq ft			

NOT INCLUDED

Identify exclusions for permanent stains, repairs, heavy furniture and drying-time guarantees.

Subtotal

Tax rate (%)

Tax

Total

Deposit to book (if any)

CUSTOMER APPROVAL

I accept this estimate and the scope of work above.

Signature

Printed name

Date

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