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

State lot size, visit frequency, season dates and whether the quoted amount is per visit or a contract total.

Description	Unit	Qty	Rate	Amount
Lawn Mowing (Small, up to 5k sqft	each			
Fertilization Application	each			
Sidewalk & Driveway Blow-Off	each			
Mechanical Bed Edging (per lf	linear ft			
Annual 6-Step Fertilization Program	each			

NOT INCLUDED

Specify whether leaf removal, bagging, fertilization and overgrown areas cost extra.

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