COMPANY NAME

# ESTIMATE

PHONE

EMAIL

LICENSE #

INSURED BY

ESTIMATE #

DATE

VALID UNTIL

## PREPARED FOR

CLIENT NAME

PHONE / EMAIL

## JOB ADDRESS

STREET

CITY / STATE / ZIP

SYSTEM TYPE / TONNAGE / AGE

## DIAGNOSIS AND RECOMMENDED REPAIR OR REPLACEMENT

## LINE ITEMS

| # | ITEM (DIAGNOSTIC, REPAIR, PART, REFRIGERANT, INSTALL, OR MAINTENANCE PLAN) | QTY | UNIT PRICE | AMOUNT |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Subtotal

Tax

**Total**

## PAYMENT TERMS

Diagnostic: _____ (credited to repair)

Hourly rate: _____ / hr

Refrigerant: _____ / lb

Maintenance plan: _____ / yr. Balance on completion.

## NOTES AND EXCLUSIONS

## ACCEPTANCE

By signing below, the client accepts this estimate and authorizes the work described above.

CLIENT SIGNATURE / DATE

CONTRACTOR SIGNATURE / DATE

This estimate is valid for 30 days. Parts and refrigerant at current cost; equipment lead times may move the install date.