COMPANY NAME

ESTIMATE

PHONE

EMAIL

LICENSE #

INSURED BY

ESTIMATE #

DATE

VALID UNTIL

PREPARED FOR

CLIENT NAME

PHONE / EMAIL

JOB ADDRESS

STREET

CITY / STATE / ZIP

FIXTURE / LOCATION / ACCESS

PROBLEM FOUND AND REPAIR SCOPE

LINE ITEMS

#	ITEM (SERVICE CALL, LABOR HOURS, PARTS, FIXTURE, OR PERMIT)	QTY	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				

Subtotal

Tax

Total

PAYMENT TERMS

Service call: _____ (credited if approved)

Hourly rate: _____ / hr

Parts at marked-up price; client fixtures not warrantied.

Permit: cost + handling. 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. Hidden conditions may change the scope with your approval before work continues.