

YOUR BUSINESS NAME, ADDRESS, PHONE

ESTIMATE

NO.

DATE

VALID UNTIL

CUSTOMER

CUSTOMER NAME

PHONE

JOB ADDRESS

EMAIL

Description	Qty	Rate	Amount

NOTES / PAYMENT INSTRUCTIONS

Subtotal

Tax

Deposit due

Total

TERMS

By signing, the customer accepts the scope, price, and terms above.

ACCEPTED BY (PRINT NAME)

DATE

SIGNATURE