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