

Construction Company

License No. 000000

Address

City, State & Zip

Phone (000) 000-0000 - Fax (000) 000-0000

website

email address

ESTIMATE

Date:

Technician:

FREE ESTIMATES

SOLD TO	Name		JOB LOCATION	Contact's Name	
	Address			Job's Address	
	City, State & Zip			City, State & Zip	
	Phone:	Fax:		Phone:	Fax:
	Cell:	Other:	Cell:	Other:	

This is an Estimate only and becomes part of the Contract when completed and before work begins

Diagnosis / Solution:

Quan	Task / Item	Description	Amount
TOTAL			

I acknowledge receipt of a copy of this estimate.

Authorization for Construction Company:

X _____
Owner's Signature Date

X _____
Technician's Signature Date

Forms available from
www.amosprint.com and
www.californiahomeimprovementcontracts.com

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Specification Sheet No. _____

Date: _____

Customer: _____

Notes: _____

Job Location:

Additional Specifications:

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