

ESTIMATE

Identity Design Project

[Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

CLIENT

[Client Name / Company]
[Contact Person]
[Client Address]

DETAILS

Estimate #: [000]
Date: [MM/DD/YYYY]
Valid Until: [MM/DD/YYYY]

SERVICE DESCRIPTION	QUANTITY	RATE	AMOUNT
Logo Design & Strategy Primary mark, secondary marks, and brand typography.	1	0.00	0.00
Visual Identity System Color palette development, pattern/texture design, and iconography.	1	0.00	0.00
Brand Guidelines Comprehensive digital PDF style guide and usage manual.	1	0.00	0.00

SERVICE DESCRIPTION

QUANTITY

RATE

AMOUNT

Stationery Design

Business cards, letterhead, and envelope templates.

1

0.00

0.00

Subtotal \$0.00

Tax (0%) \$0.00

Total Estimate \$0.00

Notes: 50% deposit required to commence work. Final files delivered upon receipt of full payment. This is an estimate based on current project scope.