

ESTIMATE

[Company Name]

[Phone Number]

[Email Address]

ESTIMATE # [000]

DATE [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]

[Service Address]

[City, State, Zip]

RECURRING SCHEDULE

Weekly

Bi-Weekly

Monthly

Service Description	Rooms/Areas	Rate	Amount
Initial Deep Clean (First Visit)	[Details]	\$0.00	\$0.00
Recurring Maintenance Clean	[Details]	\$0.00	\$0.00
Add-on: [e.g. Inside Oven/Fridge]	[Details]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Estimated Total Per Visit: \$0.00

NOTES & TERMS

- This estimate is based on the initial walkthrough and is valid for 30 days.
- Recurring rates are subject to change if service frequency is altered.
- Cancellation requires [48] hours notice to avoid a fee.

PROVIDER SIGNATURE

CLIENT ACCEPTANCE
