

DEEP CLEANING ESTIMATE

Company Name
Address Line 1
Phone: (555) 000-0000

Estimate #: _____
Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/Zip: _____

PROPERTY DETAILS

Sq Footage: _____
Bedrooms: _____ Bathrooms: _____
Pets: Yes No

Service Description (Deep Clean Scope)	Price
Kitchen: Cabinets (in/out), Appliances (behind/under), Scrub Backsplash	\$
Bathrooms: Grout Scrub, Sanitize Fixtures, Inside Vanities	\$
Living Areas: Baseboards, Door Frames, Light Fixtures, Vents	\$
Windows: Tracks, Sills, and Glass (Interior)	\$
Add-on: _____	\$

Labor Subtotal: \$ _____
Supplies/Equipment: \$ _____
Estimated Total: \$ _____

TERMS & CONDITIONS

This estimate is valid for 30 days. Final price may vary based on the actual condition of the property upon arrival. A deposit of _____% is required to book the service date.

Signature: _____ Date: _____