

CARPET INSTALLATION ESTIMATE

Estimate #:

Date:

[Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

CLIENT INFORMATION

Name:

Address:

Phone:

JOB SITE (IF DIFFERENT)

Address:

City/State:

Room / Description	Area (Sq Ft/Yd)	Material Rate	Labor Rate	Total
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				Removal of Old Carpet/Padding
				Furniture Moving Service

Subtotal:

Tax:

Estimated Total:

TERMS & CONDITIONS

- Estimate valid for 30 days.
- Final price subject to accurate subfloor assessment upon removal of existing flooring.
- Deposit of % required to schedule installation.