

# IP CONSULTING ESTIMATE

[Consultant/Firm Name]

[Address Line 1]

[City, State, Zip]

**Estimate #:** [000]

**Date:** [MM/DD/YYYY]

**Valid Until:** [MM/DD/YYYY]

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CLIENT / ENTITY

**[Client Name]**

[Company Name]

[Client Address]

[Email/Phone]

PROJECT REFERENCE

**[Project Title/Case Ref]**

Scope: [Patent Search / Trademark Filing / IP Strategy]

SERVICE DESCRIPTION	RATE/UNIT	QTY/HRS	TOTAL
[Service Item 1: e.g., Prior Art Search]	\$0.00	0	\$0.00
[Service Item 2: e.g., Drafting & Filing]	\$0.00	0	\$0.00
[Service Item 3: e.g., USPTO Government Fees]	\$0.00	1	\$0.00

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Subtotal \$0.00

Estimated Expenses \$0.00

Estimated Total \$0.00

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**Terms & Conditions:**

This is a professional estimate for intellectual property services. Final costs may vary based on actual hours logged or additional government filing fees. This document does not constitute an attorney-client relationship until a formal engagement letter is signed.

Payment Schedule: [Deposit Required / Net 30]