

# FREE Estimate Form

Please fill out this form and send it to us by mail, fax or E-mail.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

## Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Service Information

Approx. area (in sq. ft) of the space you want cleaned \_\_\_\_\_

Number of employees \_\_\_\_\_

**Number of floors/floor levels**

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**Number of kitchens**

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**Number of restrooms**

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**How often do you want your facility cleaned?**

**Daily**

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**Twice Weekly**

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**Weekly**

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**Bi-Weekly**

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**Monthly**

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**Other**

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**Special Comments**

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