Carpet age	Last cleaning	Method of cleaning
Service no.		

CUSTOMER NAME **PHONE**

ADDRESS

CITY **STATE** **ZIP**

CARPET CLEANING

Room Cleaned		Furniture moving		Size	Sq foot	Price
Living Room		☐YES	☐ NO	x		
Dining Room		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	x		
		☐YES	☐ NO	X		
				TOP	FULL	
				TOP	FULL	
COMMERCIAL				X		
COMMERCIAL				X		
		SQUAR E FT				
SUBTOTAL CARPET CLEANING		TOTAL				$

UPHOLSTERY CLEANING

Furniture type	Full Clean	VAC only	Full	VAC	Price
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
SCOTCH GUARD ANTI-STAIN TREATMENT					
Chair	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			
Sofa special	1 2 3	1 2 3			

ADDITIONAL SERVICE

Appliances					price

Urin pet					

Customer signature _____

Spot cleaner			
SUB TOTAL UPHOLSTERY			$
SUBTOTAL CARPET CLEANING			$

☐ Cash ☐ credit card ☐ visa ☐ check

TOTAL AMOUNT DUE	$

Notes

Estimate Good for 72hours 30days

Special Instructions:

Pre existing Conditions: ☐ yellowing ☐ pet stains yellowing ☐ pet stains ☐ yellowing

Customer satisfaction

Customer Signature X Date: / / THANK YOU