

# HVAC Estimate

Estimate number \_\_\_\_\_ Date \_\_\_\_\_

## Your company

COMPANY NAME

LICENSE NUMBER

PHONE

EMAIL

## Customer

NAME

JOB ADDRESS

PHONE

EMAIL

## Equipment

|             |               |            |
|-------------|---------------|------------|
| SYSTEM TYPE | TONNAGE / BTU | EFFICIENCY |
| BRAND       | MODEL NUMBER  | WARRANTY   |

## Equipment, materials and labor

| DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|-------------|-----|------------|--------|
|             |     |            |        |
|             |     |            |        |
|             |     |            |        |
|             |     |            |        |
|             |     |            |        |

|           |  |
|-----------|--|
| Subtotal  |  |
| Permit    |  |
| Sales tax |  |
| Total     |  |

## Acceptance

This estimate is valid for 30 days. Equipment pricing is subject to supplier availability. Any duct or electrical work found to be needed will be quoted before it is done.

|                    |      |
|--------------------|------|
| CUSTOMER SIGNATURE | DATE |
|--------------------|------|