

Plumbing Estimate

Estimate number _____ Date _____

Your company

COMPANY NAME

LICENSE NUMBER

PHONE

EMAIL

Customer

NAME _____

JOB ADDRESS

PHONE

EMAIL

Work to be done

Subtotal

Sales tax

Total

Acceptance

This estimate is valid for 30 days. Work begins once signed. Hidden conditions found after work starts will be quoted separately before any additional work is done.

CUSTOMER SIGNATURE

DATE _____