

Plumbing Quote

Quote number _____ Date _____

Your company

COMPANY NAME

LICENSE NUMBER

PHONE

EMAIL

Customer

NAME

JOB ADDRESS

PHONE

EMAIL

The work

DESCRIPTION	AMOUNT

Subtotal	_____
Sales tax	_____
Total	_____

Notes

Acceptance

Quote good for 30 days from the date above.

CUSTOMER SIGNATURE	DATE
_____	_____