

# CLEANING & STAIN REMOVAL ESTIMATE

Estimate No: \_\_\_\_\_

To perform a quality cleaning and stain removal job. It is important to perform a carpet and stain inspection. We thank you for the opportunity to become your carpet specialist. If you available to schedule an appointment at this time please call our office and give them your estimate number.

Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Technicians Name: \_\_\_\_\_  
Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Odor (Circle one): Urine Smoke Other

Inspection notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of fiber (circle one)  
Nylon Olefin Wool Other \_\_\_\_\_

Locations of Cleaning.

\_\_\_\_\_ Room \_\_\_\_\_ Room  
\_\_\_\_\_ Room \_\_\_\_\_ Room  
\_\_\_\_\_ Room \_\_\_\_\_ Room  
\_\_\_\_\_ Room \_\_\_\_\_ Room

Current Special \_\_\_\_\_  
\_\_\_\_\_

## Treatment Required (check each that applies)

- Vacuum area X \_\_\_\_\_
- Move Furniture X \_\_\_\_\_
- Cleaning X \_\_\_\_\_
- Carpet Protection Applied X \_\_\_\_\_
- Furniture Cleaned X \_\_\_\_\_
- Coffee Stain Removal X \_\_\_\_\_
- Wine Stain Removal X \_\_\_\_\_
- Kool Aid Stain Removal X \_\_\_\_\_
- Gum Removal X \_\_\_\_\_
- Food Stain Removal X \_\_\_\_\_

- Grease/Oil Stain Removal X \_\_\_\_\_
- Blood/Vomit Stain Removal X \_\_\_\_\_
- Deodorize Treatment X \_\_\_\_\_
- Other Stain X \_\_\_\_\_
- Other Stain X \_\_\_\_\_
- Other Stain X \_\_\_\_\_
- Other Stain X \_\_\_\_\_
- Other Stain X \_\_\_\_\_

Inspection Fee: \_\_\_\_\_  
Treatment: \_\_\_\_\_  
Total: \_\_\_\_\_

This estimate is valid for 14 days from date of inspection.

PRE Treatment Instructions: \_\_\_\_\_

POST Treatment Instructions: \_\_\_\_\_

\_\_\_\_\_  
Technician Signature Date

\_\_\_\_\_  
Customer Signature Date

