

Estimate Log Sheet

Client Name: _____

Client Phone Number and Email: _____

Service Location: _____

Cleaning Hours: _____

Cleaning Days Requested: _____

Service Cost: _____

Building Square Footage: _____

Payment Method: _____

Billing Date Selected: 1st or 15th of each month: _____

Length of Term Selected: 6 months _____ 1 year _____ 2-5 Years _____
or month to month _____

Quality Performance Management Selected Yes or No _____

Untouched Cleaning

PH: +1 954 993 2129 Email: hello@untouchedcleaning.com