



# Two Gals & A Mop

Estimate & Proposal Agreement



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Circle the services you will need:

Living Room	Dust	Vacuum and/or mop
Dining Room	Dust	Vacuum and/or mop
Breakfast Area	Dust	Vacuum and/or mop
Kitchen	Dust	Vacuum and/or mop
Study	Dust	Vacuum and/or mop
Family Room	Dust	Vacuum and/or mop
Game Room	Dust	Vacuum and/or mop
Master Bathroom	Dust	Vacuum and/or mop
Master Bedroom	Dust	Vacuum and/or mop
Bedrooms	Dust	Vacuum and/or mop
Utility Room	Dust	Vacuum and/or mop
Foyer/Hall/Stairs	Dust	Vacuum and/or mop
Window/Sills/Blinds	Dust	Vacuum and/or mop
Area Rugs/Fans	Dust	Vacuum and/or mop

Start Date: \_\_\_\_\_

Preferred Appointment Time: \_\_\_\_\_

Preferred Appointment Date: \_\_\_\_\_