

# Cleaning Service Business Estimate Form

## Customer Information

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

## Service Details

- Type of Cleaning:  Residential  Commercial  Other (Specify):  
\_\_\_\_\_
- Areas to be Cleaned: \_\_\_\_\_
- Frequency of Cleaning:  One-Time  Weekly  Bi-Weekly  Monthly

## Estimated Cost Breakdown

Service Description	Area/Rooms Included	Rate per Hour	Total Estimated Cost

## Special Instructions or Requests

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**Approval**

**By signing below, you agree to the terms of the estimate provided.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**