

Commercial Cleaning Business Estimate Form

Business Information

- Company Name: _____
- Contact Person: _____
- Business Address: _____
- Phone: _____
- Email: _____

Service Specifications

- Type of Business Premises: Office Retail Warehouse Other:

- Square Footage of Premises: _____ sq. ft.
- Cleaning Frequency: Daily Weekly Bi-Weekly Monthly

Cost Details

Terms and Conditions

Client Signature: _____ Date: _____