Commercial Cleaning Proposal Form

Client Information	
Business Name:	
Contact Person:	
Address:	
Phone Number:	
Email Address:	

Scope of Services

Service Type	Frequency (Daily/Weekly/Monthly)	Estimated Hours	Price Per Visit
Floor Cleaning			
Restroom Sanitation			
Window Cleaning			
Carpet Vacuuming			
Trash Removal			
Special Requests (Specify)			

Total Estimated	Cost:			

Additional Notes:

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Acknowledgment

 \Box I agree to the terms outlined in this proposal and understand the services to be provided.

Client Signature:		Date:	
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