

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 _____

Golden Touch Cleaning Services LLC, 500 East Main Street Suite 1600 Norfolk Virginia 23510
PH: 757-319-6152 Email: goldentouch064@gmail.com