



GLORY Cleaning LLC dba GLORY Carpet Cleaning

HEALTHY HOME AUDIT – QUOTATION

Joseph P. Lanyon

**47 Long Hill Street
East Hartford, CT 06108- 1436**

**"We Love to Clean, Let Us Show You!"
www.glorycarpetcleaning.com**

Carpet and Upholstery Cleaning

Page 1 of __

Appointment Date: ____ - ____ - ____

Phone 860- 528- 7205

Joseph's Cell 860- 922- 6448

Customer: _____ Work Location: _____

Address: _____ Apt: _____ Work Address: _____

Address 2: _____ Work Address 2: _____

City: _____ ST _____ Zip _____ City: _____ ST _____

PHONE: _____ **2 Alt/ Work:** _____ **3 PHONE:** _____ **4 Alt:** _____

Directions: _____

Customer Concerns: _____

Mark on Layout Map P. 2 _____

Technical Analysis: Legend: FIBER- Nylon; Oefin; Wool; Cotton- Blended Felt; Polyester; Acetate STYL- Cut; Loop; C&L; Sculp

*	Description Room/ Piece ___ Carpet ___ Uph	Length x	Width	Total AREA	Color	Fab/ FIBER Type	STYL E	CONST / Back Type	Age (yrs)	Stain Res. ? =if Protection is Recom'd	Soil lt, Av, Hv	CLEANING CHARGES
A												
B												
C												
D												
E												
F												
G												
H												
Package Choice: A ___ Pres B ___ Prof C ___ Prac Use 2 nd sheet if checked here: _____					Total Area of Rooms Above TOTAL CHARGES FROM Page 2 \$						Total	\$

Technician _____ Certif. # _____ Exp Date _____ Last Clg Date: _____ Meth(s) _____ Method Sugg: <u>Truck</u> / <u>Portable</u> / _____ Exces Resid? _____ Sugg Chemicals: _____ _____ _____ _____	Please Note: <i>Fiber type, carpet construction, installation and previous maintenance may present circumstances beyond a technician's control.</i> - From the Institute of Inspection, Cleaning, and Restoration Certification's (IICRC) Standards for Carpet Cleaning S001. A complete copy can be obtained by calling IICRC at (360) 693- 5675. We cannot be responsible for the preexisting conditions, nor their affects on our cleaning operations herein listed.	ADDITIONAL SERVICES - "AS- #" 1. DEODORIZATION 2. DECONTAMINATION 3. Special DRYING Procedures 4. COLOR WORK/ SPOT DYEING 5. RE- STRETCHING 6. SECTION(S) REPLACED 7. REINSTALLATION 8. PROTECTION SERVICES CHARGES 9. ADDITIONAL SERVICES CHARGES	\$ 1_ 2_ 3_ 4_ 5_ 6_ 7_ 8_ 9_
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Workmanship Guarantee: <i>You will receive cleaning done to your satisfaction by a certified, trained, and experienced technician using the BEST cleaning process, products, and equipment.</i>	<input type="checkbox"/> PROPOSAL CONVERSION Cleaner Homes & Carpets Plan™ _____ months starting ____/____/____ Total Plan Cost \$ _____ See our proposal .	SUBTOTAL Including ALL SERVICES CHARGES TAX ____ % ____ State applies ____	\$ \$
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XXX _____ Date ____/____/____ Customer Approval: You agree to pay AMOUNT DUE on Date Due. You also agree to include any collection charges as a result of failure to make agreed-to payment. You also acknowledge the above pre- existing exclusion and agree to its provisions.	AMOUNT DUE ____ ON COMPLETION -PAY THIS ON DAY OF JOB →	\$
	TOTAL AMOUNT DUE ____ 2 of 2 ON ____/____/____ is	\$

SCHEDULED CLEANING DATE: ____/____/____ Arriving at _____ am pm ESTIMATED TIME TO COMPLETE: ____ HOURS.	YOUR NEXT SUGGESTED CLEANING DATE Will Be: ____/____/____	Office Use Only: CCH# _____ DDD ____/____/____ MPA ____ of ____ Amt1 ____ Date1(s) ____ Amt2 ____ Date2 ____	Certif. Sent on ____/____/____ -
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