Your Company Name

Address

City, State Zip

Phone Number

CLEANING WORK ORDER

NAME	DATE ORDERED	DATE SCHEDULED
ADDRESS	SERVICE TECHNICIAN	
	☐ CARPET	☐ FURNITURE
PHONE	☐ OTHER _____	
TERMS		

CARPET / ITEM	SIZE	SQ. FT.	PRICE	TOTAL
SPECIAL INSTRUCTIONS			TOTAL MATERIALS	
			TOTAL LABOR	
			TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

X _____ Date: _____

Thank You!

Reorder Product # 5608 from • CROWNMAX • 1-800-252-4011