



Just the Basics Commercial Cleaning

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www.just-the-basics.com 216-510-7074

Company: _____
Location: _____
Phone: _____

Use this form to write-in any services not listed on the *Estimate Checklist*.

SERVICE	FREQUENCY	SERVICE	FREQUENCY
○ _____ _____	<input type="checkbox"/> Daily – Select which (Sun, Mon, Tues, Wed, Th, Fri, Sat) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	○ _____ _____	<input type="checkbox"/> Daily – Select which (Sun, Mon, Tues, Wed, Th, Fri, Sat) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
○ _____ _____	<input type="checkbox"/> Daily – Select which (Sun, Mon, Tues, Wed, Th, Fri, Sat) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	○ _____ _____	<input type="checkbox"/> Daily – Select which (Sun, Mon, Tues, Wed, Th, Fri, Sat) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
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Completed By: _____ Date: _____



Estimate Write-In