

**ABC CARPET
CLEANING**
ADDRESS CITY, STATE, ZIP
PHONE



**CARPET CLEANING
WORK
SERVICE ORDER
001**

NAME	DATE ORDERED	DATE SCHEDULED
ADDRESS	SERVICE TECHNICIAN	
	<input type="checkbox"/> CARPET	<input type="checkbox"/> FURNITURE
PHONE	<input type="checkbox"/> OTHERS _____	
TERMS		

SPECIAL INSTRUCTIONS

TERMS	TOTAL MATERIALS	
All work shall be performed in accordance with the specifications described for above work and shall be completed in a workmanlike manner according to standard business practices. Any alteration or deviation from the above specification which involve extra costs will be accepted only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. I certify I have read conditions and agree to them.	TOTAL LABOR	
		TAX
		TOTAL

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

SIGNATURE

DATE

Thank You