

Office Cleaning Services Quote Form

This is a fillable PDF

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| Profile Information | |
| Company Name: | |
| Contact Person: | |
| Email: | Phone Number: |
| Address: | Postal Code: |
| Services to be Provided (please check all that apply) | |
| <input type="checkbox"/> Routine office and conference centre cleaning <input type="checkbox"/> Kitchen cleaning <input type="checkbox"/> Restroom cleaning <input type="checkbox"/> Heat pump filter cleaning <input type="checkbox"/> Floor care | |
| Confirmation of Insurance | |
| <input type="checkbox"/> Minimum \$2 million in Commercial General Liability <input type="checkbox"/> Workers' Compensation Insurance | |
| Confirmation of Service Standards | |
| <input type="checkbox"/> I have read and understand the expected services <input type="checkbox"/> I understand I will be required to sign a contractor agreement | |
| Service Agreement Period (please check all that apply) | |
| <input type="checkbox"/> April 1, 2024 – March 31, 2025 <input type="checkbox"/> April 1, 2025 – March 31, 2026 <input type="checkbox"/> April 1, 2026 – March 31, 2027 | |
| Quote and Billing – please provide details of costs and billing schedule | |
| | |
| Outline of Other Available Services (optional) | |
| | |
| Quote Provided by: | |
| Signature: | Date: |