Kapski Painting, Inc

PO Box 205, Gradyville, PA 19039 phone 610-565-8571 fax 610-565-7276 www.kapskipainting.com steve@kapskipainting.com



PROPOSAL AND AGREEMENT

Date:		
Proposal submitted to:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	e-mail address :
Job Name:		
Job Location:		Job Phone:
We hereby submit specifications and estimate	ates for:	
for the sum of:	(\$).
Payment to be made as follows: We request 1/3	deposit with signed copy	and balance upon completion
References and insurance certificates available	upon request	
This Proposal and Agreement must be accepted proposal will expire 60 days from the date executive.		If no date is inserted in the previous sentence, this
	-	ies. No other agreement, oral or written, pertaining to the agreement can be modified only by an agreement in writing

Date:	
Accepted by:	
	Signed:
Authorized Signature	
	Contractor

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