Residential Commercial Wallcovering

Kapski Painting, Inc.



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 estimates	for:		
for the sum of:		(\$).
Payment to be made as follows: We request 1	/3 deposit with signe	ed copy and	balance upon completion
References and insurance certificates available	upon request		
This Proposal and Agreement must be accepte	d by		. If no date is inserted in the previous sentence, this
proposal will expire 60 days from the date execution	cuted by Contractor.		
			e a la l

This proposal and agreement constitutes the entire agreement of the parties. No other agreement, oral or written, pertaining to the work to be performed under this contract, exists between the parties. This agreement can be modified only by an agreement in writing signed by both parties.

Date:	
Accepted by:	
	Signed:
Authorized Signature	Contractor
	Title