

LAWN MOWING ESTIMATE

Client Name: _____ Estimate No.: _____

Property Address: _____

Service Details:

Service Description	Frequency	Unit Price (USD)	Estimated Quantity	Total (USD)
Lawn Mowing	Weekly / Biweekly	\$____.____	_____	\$_____
Edging	Each Visit	\$____.____	_____	\$_____
Trimming	Each Visit	\$____.____	_____	\$_____
Blowing / Cleanup	Each Visit	\$____.____	_____	\$_____
Fertilization	Per Application	\$____.____	_____	\$_____
Weed Control	Per Application	\$____.____	_____	\$_____
Other Services (Specify)		\$____.____	_____	\$_____

Estimate Summary:

Subtotal: _____ USD
Sales Tax (if applicable): _____ USD
Total Estimate: _____ USD

Terms and Conditions:

1. This estimate is valid for acceptance only upon signature below and for a period of 30 days from delivery. 2. All services will be performed in a professional manner consistent with industry standards. 3. Customer is responsible for providing access to the property and ensuring no impediments to service. 4. Any additional services or change in scope must be mutually agreed upon in writing. 5. Payment is due within 15 days of invoice date unless otherwise agreed in writing. 6. Contractor is insured for liability and workers' compensation. 7. Contractor is not responsible for damage caused by hidden hazards, underground lines, or obstacles not disclosed by Customer. 8. Customer agrees to indemnify and hold Contractor harmless from any claims arising from property conditions or Customer negligence. 9. Cancellation requires 24 hours advance notice; otherwise, a cancellation fee may apply. 10. This agreement shall be governed by the laws of the United States and the state where the property is located.

CUSTOMER SIGNATURE

Name: _____

Signature: _____

Date: _____

Phone/Email: _____

CONTRACTOR SIGNATURE

Name: _____

Signature: _____

Date: _____

Phone/Email: _____

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