



**GLORY Carpet Cleaning Service**  
**HOME Carpet/Furniture AUDIT –QUOTATION**  
 C Pat, or Joseph P. Lanyon  
 47 Long Hill Street  
 East Hartford, CT 06108- 1436

**Carpet and Upholstery Cleaning**

Worksheet Page 1 of \_\_\_

Appointment Date: \_\_\_-\_\_\_-\_\_\_

"We Love to Clean, Let Us Show You!"

[www.glorycarpetcleaning.com](http://www.glorycarpetcleaning.com)

Phone 860- 528- 7205

Customer: \_\_\_\_\_ WOrk Location: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ WOrk Address: \_\_\_\_\_

Address 2: \_\_\_\_\_ WOrk Address 2: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_

PHONE: \_\_\_\_\_ 2 Alt/ WOrk: \_\_\_\_\_ 3 PHONE: \_\_\_\_\_ 4 Alt: \_\_\_\_\_

Directions: \_\_\_\_\_

Customer Concerns: \_\_\_\_\_

Technical Analysis: Legend: FIBER- Nylon; Oefin; Wool; Cotton- Blended Felt; Polyester; Acetate STYLE- Cut; Loop; C&L; Sculp

* A B C D E F G H	Description Room/ Piece Carpet Uph	Length x	Width	Total AREA	Color	Fab/ FIBER Type	STYLE	CONST/ Back Type	Age	Stain Res. ≠ if Prot is Rem'd	Soil Lt, Av, Hv	CLEANING CHARGES
Use 2 <sup>nd</sup> sheet if checked here: ___				Total Area of Rooms Above  TOTAL CHARGES FROM Page 2							Total	\$

Technician _____ Certif. # _____ Exp Date _____ Last Cg Date: _____ Mth(s) _____ Method Sugg: Truck / Portable / _____ Exces Resid? _____ Sugg Chemicals: _____ _____ _____ _____	Please Note: Fiber type, carpet construction, installation and previous maintenance may present circumstances beyond a technician's control." –From the Institute of Inspection, Cleaning, and Restoration Certification's (IICRC) Standards for Carpet Cleaning S001. A complete copy can be obtained by calling IICRC at (360) 693- 5675. We cannot be responsible for the preexisting conditions, nor their affects on our cleaning operations herein listed."	<b>ADDITIONAL SERVICES</b> 1. DEODORIZATION 1 2. DECONTAMINATION 2 3. DRY CLEANING 3 4. COLOR WORK/ SPOT DYEING 4 5. RE- STRETCHING 5 6. SECTION(S) REPLACED 6 7. REINSTALLATION 7 8. PROTECTION SERVICES CHARGES 8 9. ADDITIONAL SERVICES CHARGES 9	\$
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<b>WOrkmanship Guarantee:</b> You will receive cleaning done to your satisfaction by a certified, trained, and experienced technician using the BEST cleaning process, products, and equipment.	<input type="checkbox"/> PLANS: <b>PRESIDENTIAL PROFESSIONAL</b> {See page 2} <b>*Proposal : _ Cleaner Carp&amp;Homes Plan<sup>TM</sup> _ months starting ___/___/___</b> <b>Total Plan Cost \$ _____</b> See our <b>*proposal</b> .	SUBTOTAL Including ALL SERVICES CHARGES \$
	TAX ___ % ___ State applies ___ \$	

<b>XXX</b> _____ Date ___/___/___ Customer Work Order Approval: You agree to pay AMOUNT DUE on Date Due. You also agree to include any collection charges as a result of failure to make agreed-to payment. You also acknowledge the above pre-existing exclusion and agree to its provisions. ___: A separate PROPOSAL is being prepared for you that will be signed apart.	<b>AMOUNT DUE ___ ON COMPLETION -PAY THIS ON DAY OF JOB -&gt;</b> \$
2 Payment BALANCE AMOUNT DUE ___ 2 of 2 ON ___/___/___ is \$	

SCHEDULED CLEANING DATE: ___/___/___ Arriving at ___ am pm ESTIMATED TIME TO COMPLETE: ___ HOURS.	<b>YOUR NEXT SUGGESTED CLEANING DATE Will Be:</b> ___/___/___	Office Use Only: CC# _____ DOD ___/___/___ MPA ___ of ___ Amt1 ___ Date1(s) ___ Amt2 ___ Date2 ___	Certif. Sent on ___/___/___
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**C. Pat & Christine Lanyon** email: [glorycarpet@gmail.com](mailto:glorycarpet@gmail.com)  
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HOME AUDIT Of Carpet & Upholstery –Extra Description/ Specifications from Front Page

*	Description Room/ Piece __ Carpet __ Uph	Length x	Width	Total AREA	Color	Fab/ FIBER Type	STYL E	CNST/ Bak Type	Age (yrs)	Stain Res. # =if Protection is Recom'd	Soil Lt, Av, Hv	CLEANING CHARGES
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
	Total This Page		Area								Chrges	\$

Other Detailed Specifications/ Recommendations:

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**PLAN Pricing Detail :**  
 \_\_ **PRESIDENTIAL** FULL Charge One Visit \$ \_\_\_\_\_ Approval Signature will be on PDF document  
 \_\_ **PROFESSIONAL** FULL Charge One Visit \$ \_\_\_\_\_ Approval Signature will be on PDF document  
 \_\_ **PRACTICAL** FULL Charge One Visit \$ \_\_\_\_\_ Approval Signature will be on PDF document  
 Proposal: \_\_ **Cleaner Carp&Homes Plan™**# \_\_\_\_\_ months starting \_\_\_/\_\_\_/\_\_\_ Total CH&C Plan Cost \$ \_\_\_\_\_