

Customer Authorization .

A.F.A. LANDSCAPE CONSTRUCTION ESTIMATE FORM

Retaining Walls, Pavers, Landscape Install and Maintenance 1430 Wehrle Drive • Williamsville, NY 14221 • Office/Fax: 716-634-6093

Representative	
Date and Time of Appointment	
Phone Fax	
A E A I ANDGGADE CONGEDIGENON GUIDA	ANTE CRECUEL CATIONS AND ECTED ATTECTOR
A.F.A. LANDSCAPE CONSTRUCTION SUB	MITS SPECIFICATIONS AND ESTIMATES FOR:
Lawn Maintenance:	Landscape Maintenance:
Weekly Lawn Mowing (weather providing)	Trim shrubs and remove clippings \$
Includes:	Clear beds of debris \$
 bagging clippings, weed whacking all borders and obstacles, edging of previously maintained edges (walkways and driveways) 	Weed beds and apply preventive (preen) \$
	Spade edge beds \$
	Install yards of mulch \$
	Dispose of Debris \$
Your Seasonal Rate Subtotal \$	Subtotal: \$
Leaf removal is hourly at \$25 per man hr. Leaves to be placed at curb or taken away for additional charge. Please check box if interested.	
	* If only signing up for clean-up - 1/2 down
	balance due upon completion
	Monthly Maintenance:
	Light trim/prune of shrubbery, maintain edges of
	bed, weed and apply preventive, clear beds of debris (5 visits: last week of June, July, Aug, Sept., Oct.)
Customer Comments:	Subtotal: \$
PAYMENT OPTIONS:	
☐ Prepay in full and deduct 10%	
Pay 1/2 w/ contract, 2nd 1/2 due by 7/30 deduct 5%	Subtotal —————————————————————
Three equal payments - 1st with contract,	Sales Tax
	Total
above. Any alteration or deviation from the above specifications involved an extra cost over and above the estimate. Payment of these services	ne indicated sums. This proposal is valid for 15 days after the date show ving extra costs will be executed only upon written order, and will become is due upon completion. Any invoice not paid within 30 days of completing quent, service is discontinued until balance is paid. The customers shall id balance.
The above prices, specifications, and conditions are satisfactory and	are hereby accepted. A.F.A. Is authorized to complete the work specifie

Date of Authorization _

Thank you.