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YOUR COMPANY NAME

Address CITY, STATE, ZIP CODE

PROPOSAL AND ACCEPTANCE

Phone Number Advertising Line					
PROPOSAL SUBMITTED TO		HONE	DATE	DATE	
STREET		JOB NAME			
CITY, STATE AND ZIP CODE	JC	OB LOCATION			
ARCHITECT	DATE OF PLANS		JOB PHONE		
We hereby submit specifications and estimates for	or:		<u>.</u>		
OALIFORNIA ONIV					
CALIFORNIA ONLY: NOTICE TO OWNER: Contractors are required by law to be licensed and regulated by the contractors' state license board. Any questions concerning a contractor may be referred to the registrar of the board whose address is: Contractors' State License Board, 9835 Goethe Rd., Sacramento, CA 95827.					
We Propose hereby t	o furnish material and labor —	– complete in accordance with a	above specifications, for the sum of:		
Payment to be made as follows:		dc	ollars (\$.).	
All material is guaranteed to be as specified. All work to be completed in a workman- like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Com- pensation Insurance.		Authorized	posal may be cepted withinday	's.	
Acceptance of Proposal - The and conditions are satisfactory and are hereby a to do the work as specified. Payment will be made	ccepted. You are authorized	Signature			
Date of Acceptance		Signature			