

Southern Nevada  
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 Las Vegas, Nevada 89141  
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 (702) 252-4457 Fax



Southern California  
 2458 Newport Blvd., #108  
 Costa Mesa, California 92627  
 Tel (951) 961-3312  
 Fax (949) 574-0443

No \_\_\_\_\_ **WORK ORDER FORM & PRICE LIST** DATE \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

<b>Client:</b>					
<b>Address:</b>		<b>City</b>		<b>State</b>	
<b>Tel:</b>		<b>Fax:</b>		<b>Zip</b>	
<b>Permanent Stain Extraction</b>	<b>Price/Item</b>	<b>Area/Location</b>	<b>Area/Location</b>	<b>Area/Location</b>	<b>Area/Location</b>
Up to 1 Inch x 1 Inch	\$ 5.00	X =\$	X =\$	X =\$	X =\$
1-2 Inch x 1 Inch	\$10.00	X =\$	X =\$	X =\$	X =\$
2-4 Inch x 1 Inch	\$15.00	X =\$	X =\$	X =\$	X =\$
4-6 Inch x 1 Inch	\$20.00	X =\$	X =\$	X =\$	X =\$
6-9 Inch x 1 Inch	\$25.00	X =\$	X =\$	X =\$	X =\$
9+ Inch x 1 Inch	\$40.00	X =\$	X =\$	X =\$	X =\$
<b>Discolored Spot Restoration</b>					
Up to 1 Inch x 1 Inch	\$10.00	X =\$	X =\$	X =\$	X =\$
1-2 Inch x 1 Inch	\$20.00	X =\$	X =\$	X =\$	X =\$
2-4 Inch x 1 Inch	\$30.00	X =\$	X =\$	X =\$	X =\$
4-6 Inch x 1 Inch	\$40.00	X =\$	X =\$	X =\$	X =\$
6-9 Inch x 1 Inch	\$50.00	X =\$	X =\$	X =\$	X =\$
9+ Inch x 1 Inch	\$80.00	X =\$	X =\$	X =\$	X =\$
Dye Match; 1 <sup>st</sup> Color	\$75.00	X =\$	X =\$	X =\$	X =\$
2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Color Each	\$25.00	X =\$	X =\$	X =\$	X =\$
<b>Burn Mark Elimination</b>					
Up to 1 Inch x 1 Inch	\$ 5.00	X =\$	X =\$	X =\$	X =\$
1-2 Inch x 1 Inch	\$10.00	X =\$	X =\$	X =\$	X =\$
2-4 Inch x 1 Inch	\$15.00	X =\$	X =\$	X =\$	X =\$
4-6 Inch x 1 Inch	\$20.00	X =\$	X =\$	X =\$	X =\$
6+ Inch x 1 Inch	\$30.00	X =\$	X =\$	X =\$	X =\$
1 <sup>st</sup> AeiD Price/Case	\$216/1-5, \$180/6-10, \$144/11-19, \$120/20+	X =\$	X =\$	X =\$	X =\$
Other Prod./Service(s)	\$	X =\$	X =\$	X =\$	X =\$
<b>Total Per Area/Location</b>		\$	\$	\$	\$
Miscellaneous fees	\$				
Taxes if Applicable	\$				
Total for this Page	\$				
Total from Prev. Page	\$				
Total for this & Prev. Page	\$				
Vol./Promo. Disc./Credit	\$				
<b>Grand Total</b>	\$				

Authorized Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print Full Name) (Please Sign Upon Satisfaction)

Carpet Medics Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print Full Name) (Please Sign Upon Completion)