



Free Estimate  
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**www.prostyletile.ca**

Licensed  
 Bonded & Insured



# Estimate

Date :

Sold to : \_\_\_\_\_

Contact \_\_\_\_\_

Phone : \_\_\_\_\_ E- mail : \_\_\_\_\_

Billing Address : \_\_\_\_\_

City/ Town : \_\_\_\_\_ Province : \_\_\_\_\_ P.C : \_\_\_\_\_

| Description     | Quantity | Unit Cost | Total |
|-----------------|----------|-----------|-------|
| Floor Tile      | SQFT     |           |       |
| Wall Tile       | SQFT     |           |       |
| Tile Base       | SQFT     |           |       |
| Mosaic Tile     | SQFT     |           |       |
| Slate Tile      | SQFT     |           |       |
| Stone Wall      | SQFT     |           |       |
| Tile Base       | LFT      |           |       |
| Repairs         | @        |           |       |
| Floor Prep      | @        |           |       |
| Removal         | @        |           |       |
| Stairs in Tile  | @        |           |       |
| Sand Finish Mud | @        |           |       |
| Shower Pan Mud  | @        |           |       |
| MISC/EXTRAS     |          |           |       |
|                 |          |           |       |
|                 |          |           |       |

- \* This estimate is good for 30 days
- \* Late payments are subject to a 5% late payment charge after 30 days and 10% after 60 days.
- \* Major edits (After project completion) billed at hourly rate if necessary.
- \* Customers are responsible for cancellations, work in progress will be billed agreed full amount.
- \* We strive to meet all delivery dates but we cannot take responsibility for delays that are beyond our control.
- \* By my signature below I authorize work to begin and agree to pay above amount in full according to the terms on this agreement.

Signature ..... Proof Person .....