

Two Brother Rain Gutters, Corp.

7225 W. 11 Ct. Apt 302 Hialeah, FL 33014

Ph. 786-357-3780 • 786-236-9380

twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate 1

Date: 5-3-23

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name

Address:

City, State

Phone

Village at Dadeland

7440 SW 82 St

Miami FL 33145

786-474-7737

WORK TO BE PERFORMED AT:

Address:

City, State

ESTIMATE

GUTTER COLOR

- ☒ WHITE ☐ CREAM
☐ IVORY ☐ BROWN
☐ BRONZE ☐ GRAY
☐ L. GRAY ☐ D. GRAY
☐ EGGSHELL ☐ ALMOND
☐ GREEN ☐ RED
☐ GOLD
☐ OTHER _____

DOWNSPOUT COLOR

- ☒ WHITE ☐ CREAM
☐ IVORY ☐ BROWN
☐ BRONZE ☐ GRAY
☐ L. GRAY ☐ D. GRAY
☐ EGGSHELL ☐ ALMOND
☐ GREEN ☐ RED
☐ GOLD ☐ 2X3
☐ 3X4 ☐ 4X5
☐ CONDUCTOR HEAD
☐ OTHER _____

12' only Elbow 12' only Elbow 12' only Elbow

7308

7324

7348

7384

7424

TOTAL FOOTAGE 3,186

TOTAL DOWNSPOUT 1,680 feet

SALES REP

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ 85,632

☐ CASH

☒ ALUMINUM

DEPOSIT \$

☐ CHECK

☐ COPPER

BALANCE \$

☐ CREDIT CARD

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief:

Installer:

☐ 1/4

☐ 1/2

☐ 3/4

☐ Completed

TERMS OF PAYMENT: Payment in full due upon completion. Contracts which state a draw cut off date and payment release date are the only exceptions and must be signed by representatives of both parties.

FINANCE CHARGE: finance charge in amount of the lesser of 1.5% per month (18% per annum), or the maximum allowed by law, will be added to all invoices that are 30 days past due as of the 10th of the following month. We are not responsible for damage to roof tiles, shingles or fascia boards.

APPROVAL: No alterations or additional work shall be performed unless agreed to by Two Brother Rain Gutters, Corp. beforehand, in writing. We are not responsible for damage to roof tiles, shingles or fascia boards.

AUTHORIZED SIGNATURE: _____

DATE: _____

CLIENT SIGNATURE _____

SPECIAL NOTE: _____

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☐ Invoice

☒ Estimate ¹²

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

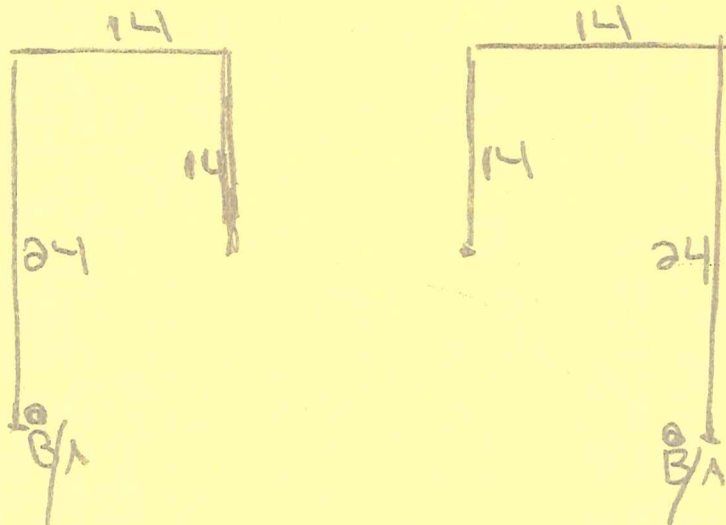
ESTIMATE

GUTTER COLOR

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR
HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____

☐ CASH _____

☐ ALUMINUM

DEPOSIT \$ _____

☐ CHECK _____

☐ COPPER

BALANCE \$ _____

☐ CREDIT CARD _____

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief: _____

Installer: _____

☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Completed

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AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

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twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate **3**

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

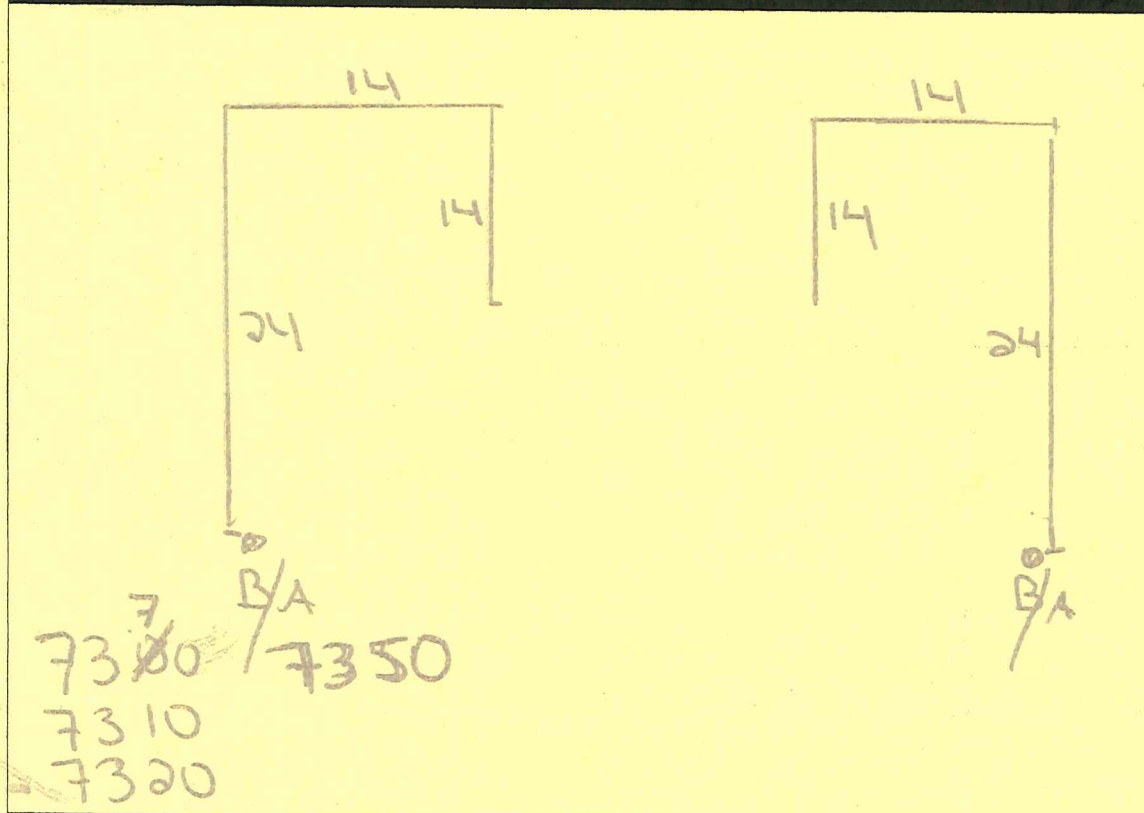
ESTIMATE

GUTTER COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|--------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR
HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____

☐ CASH _____

DEPOSIT \$ _____

☐ CHECK _____

BALANCE \$ _____

☐ CREDIT CARD _____

☒ ALUMINUM

☐ COPPER

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief: _____

Installer: _____

☐ 1/4

☐ 1/2

☐ 3/4

☐ Completed

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AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

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☐ Invoice

☒ Estimate 41

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

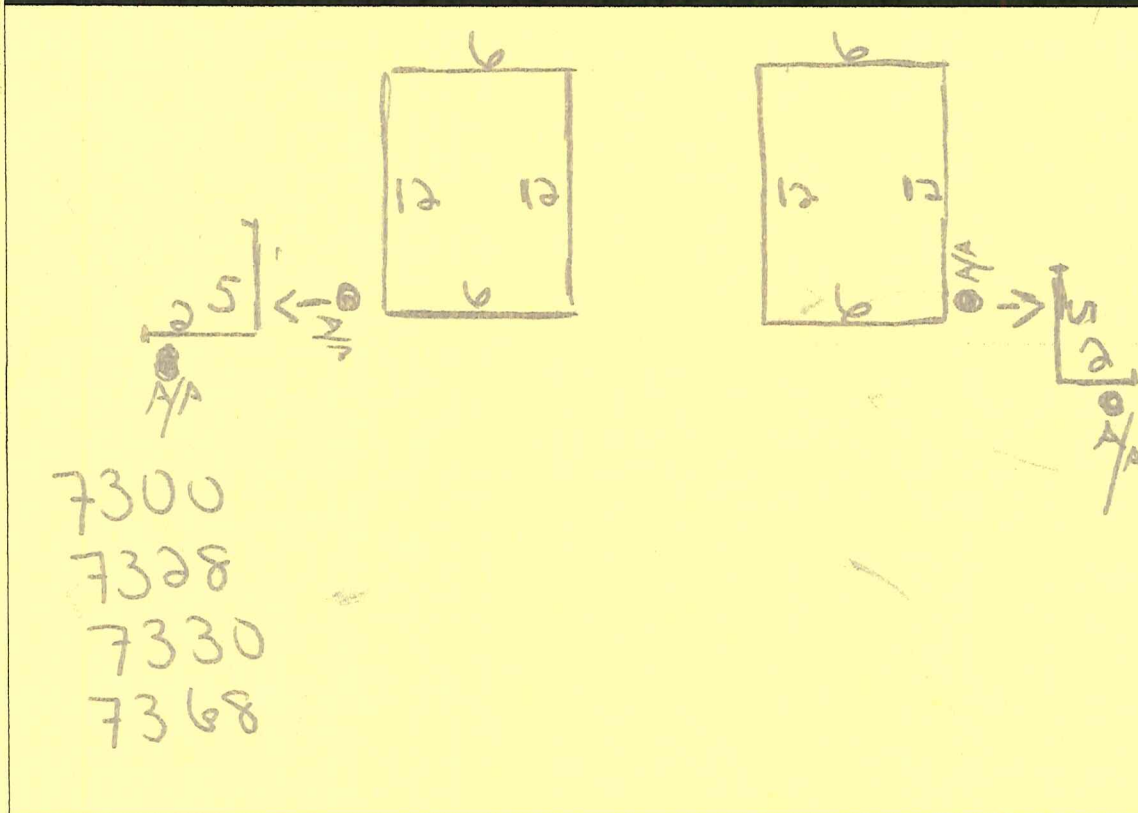
ESTIMATE

GUTTER COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|--------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR
HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____ ☐ CASH _____

DEPOSIT \$ _____ ☐ CHECK _____

BALANCE \$ _____ ☐ CREDIT CARD _____

☒ ALUMINUM

☐ COPPER

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief: _____

Installer: _____

☐ 1/4

☐ 1/2

☐ 3/4

☐ Completed

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AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

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twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate 5

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

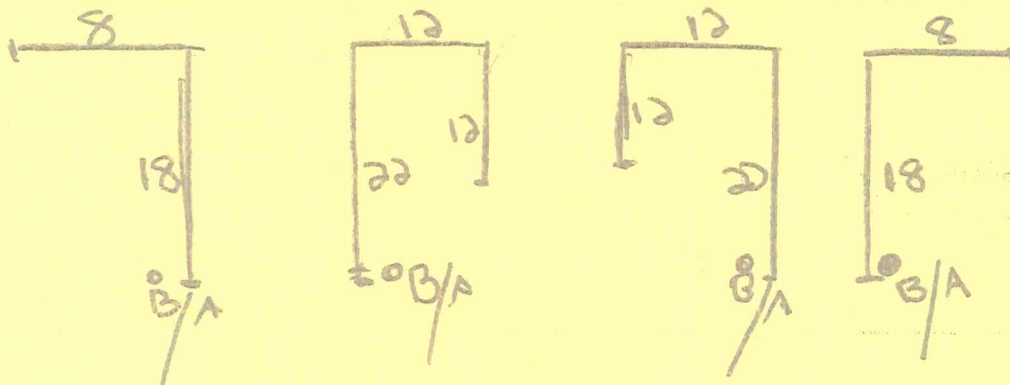
ESTIMATE

GUTTER COLOR

- ☒ WHITE ☐ CREAM
☐ IVORY ☐ BROWN
☐ BRONZE ☐ GRAY
☐ L. GRAY ☐ D. GRAY
☐ EGGSHELL ☐ ALMOND
☐ GREEN ☐ RED
☐ GOLD
☐ OTHER _____

DOWNSPOUT COLOR

- ☒ WHITE ☐ CREAM
☐ IVORY ☐ BROWN
☐ BRONZE ☐ GRAY
☐ L. GRAY ☐ D. GRAY
☐ EGGSHELL ☐ ALMOND
☐ GREEN ☐ RED
☐ GOLD ☐ 2X3
☐ 3X4 ☐ 4X5
☐ CONDUCTOR
HEAD
☐ OTHER _____



7304
7340
7360
7420
7430

TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____ ☐ CASH _____

DEPOSIT \$ _____ ☐ CHECK _____

BALANCE \$ _____ ☐ CREDIT CARD _____

☒ ALUMINUM

☐ COPPER

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief:

Installer:

☐ 1/4

☐ 1/2

☐ 3/4

☐ Completed

TERMS OF PAYMENT: Payment in full due upon completion. Contracts which state a draw cut off date and payment release date are the only exceptions and must be signed by representatives of both parties.

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SPECIAL NOTE: _____

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☐ Invoice

☒ Estimate 6

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

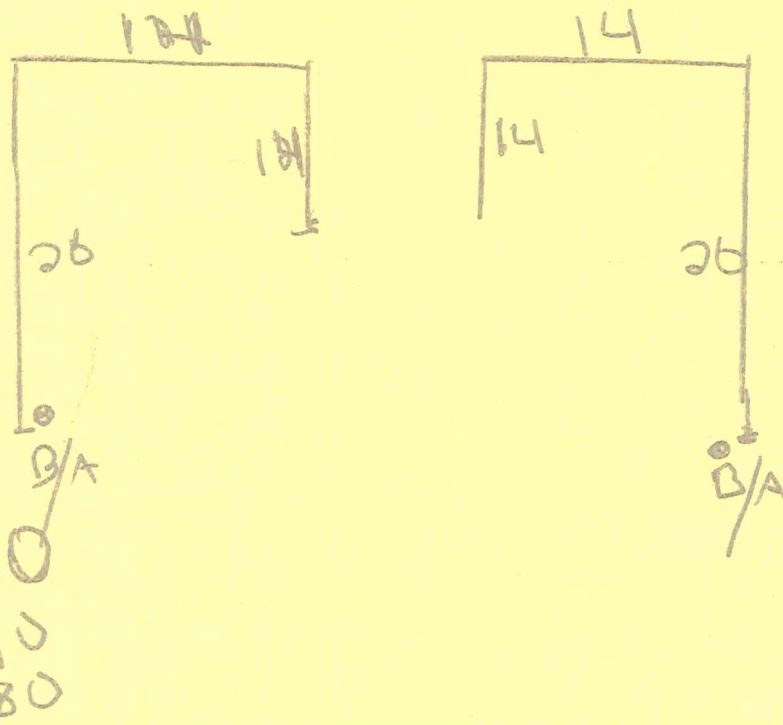
ESTIMATE

GUTTER COLOR

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|-----------------------------------------|----------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____	<input type="checkbox"/> CASH _____	<input type="checkbox"/> ALUMINUM
DEPOSIT \$ _____	<input type="checkbox"/> CHECK _____	<input type="checkbox"/> COPPER
BALANCE \$ _____	<input type="checkbox"/> CREDIT CARD _____	<input type="checkbox"/> GALVANIZED
		<input type="checkbox"/> STAINLESS STEEL

Crew Chief: _____ Installer: _____ ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Completed

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AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

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twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate ⁷

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

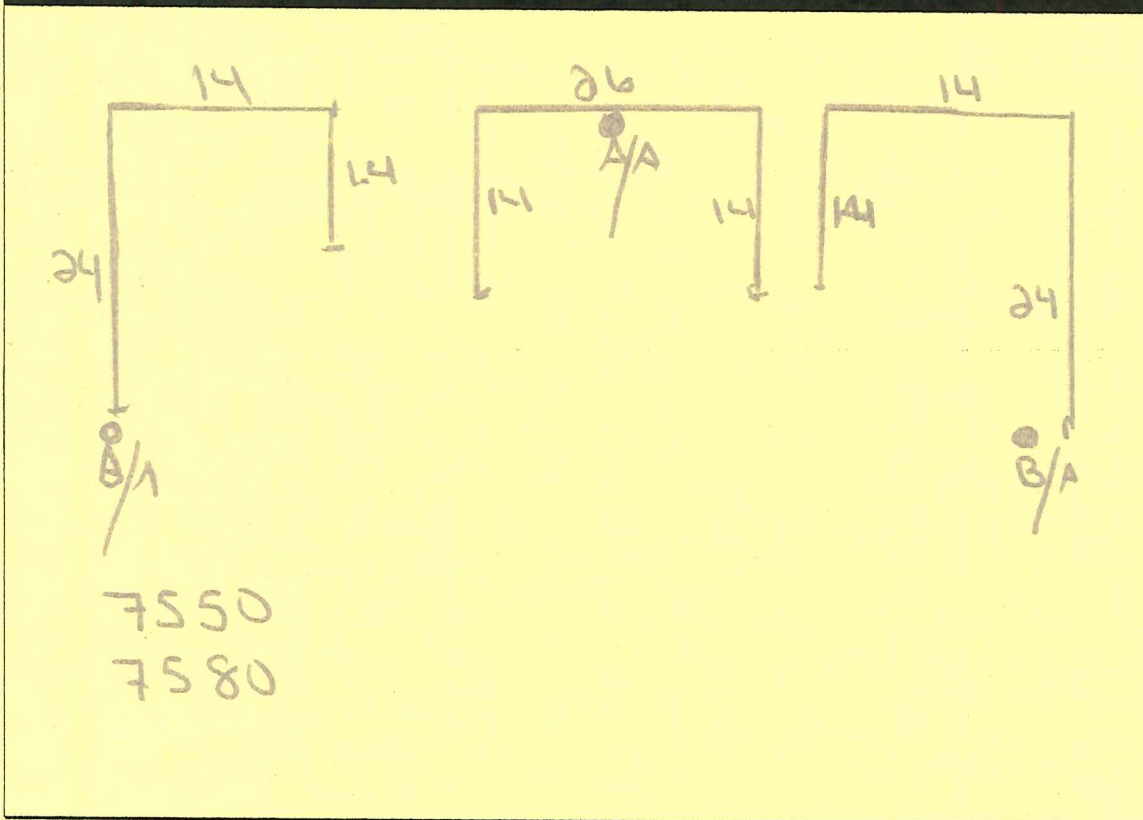
ESTIMATE

GUTTER COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____ ☐ CASH _____

DEPOSIT \$ _____ ☐ CHECK _____

BALANCE \$ _____ ☐ CREDIT CARD _____

☒ ALUMINUM

☐ COPPER

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief: _____

Installer: _____

☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Completed

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AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

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twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate 8

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

ESTIMATE

GUTTER COLOR

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR
HEAD | |
| <input type="checkbox"/> OTHER _____ | |

conductor
Head

conductor
Head

7560
7610

TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____	<input type="checkbox"/> CASH _____	<input type="checkbox"/> ALUMINUM
DEPOSIT \$ _____	<input type="checkbox"/> CHECK _____	<input type="checkbox"/> COPPER
BALANCE \$ _____	<input type="checkbox"/> CREDIT CARD _____	<input type="checkbox"/> GALVANIZED
		<input type="checkbox"/> STAINLESS STEEL

Crew Chief: _____ Installer: _____ ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Completed

TERMS OF PAYMENT: Payment in full due upon completion. Contracts which state a draw cut off date and payment release date are the only exceptions and must be signed by representatives of both parties.

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AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

Two Brother Rain Gutters, Corp.

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twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate 9

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name #9

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

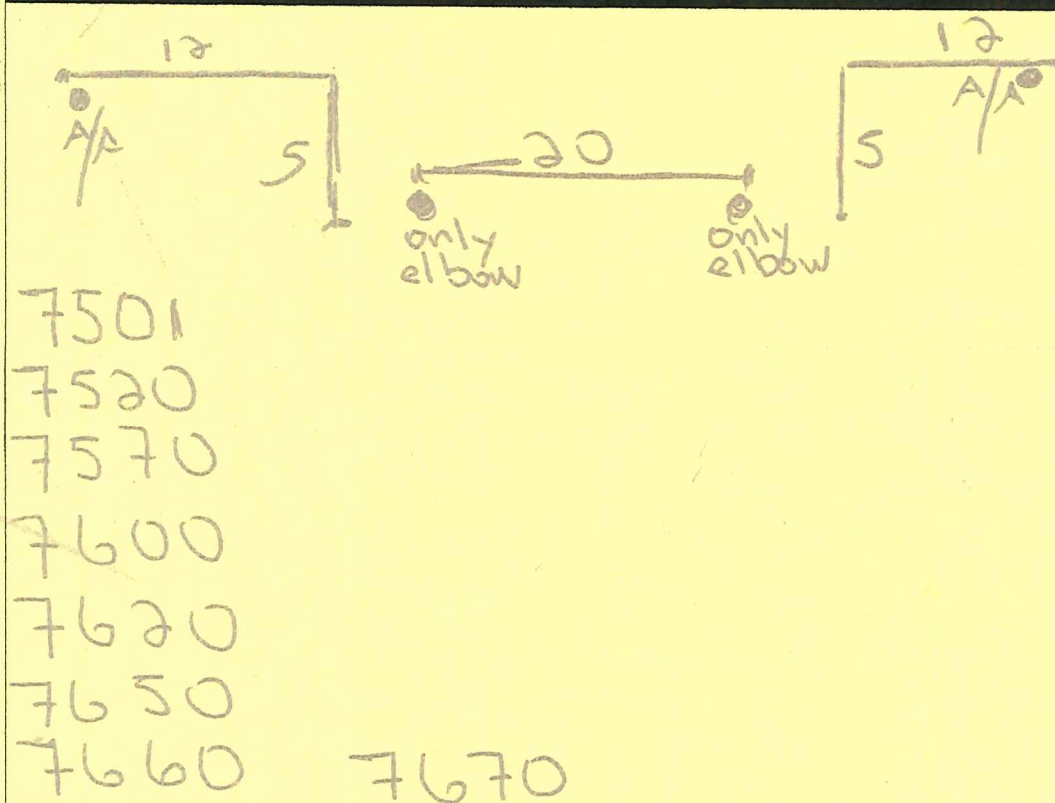
ESTIMATE

GUTTER COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|--------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR
HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____ TOTAL DOWNSPOUT _____ SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____

☐ CASH _____

DEPOSIT \$ _____

☐ CHECK _____

BALANCE \$ _____

☐ CREDIT CARD _____

☒ ALUMINUM

☐ COPPER

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief: _____

Installer: _____

☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Completed

TERMS OF PAYMENT: Payment in full due upon completion. Contracts which state a draw cut off date and payment release date are the only exceptions and must be signed by representatives of both parties.

FINANCE CHARGE: finance charge in amount of the lesser of 1.5% per month (18% per annum), or the maximum allowed by law, will be added to all invoices that are 30 days past due as of the 10th of the following month. We are not responsible for damage to roof tiles, shingles or fascia boards.

APPROVAL: No alterations or additional work shall be performed unless agreed to by Two Brother Rain Gutters, Corp. beforehand, in writing. We are not responsible for damage to roof tiles, shingles or fascia boards.

AUTHORIZED SIGNATURE: _____ DATE: _____ CLIENT SIGNATURE _____

SPECIAL NOTE: _____

Two Brother Rain Gutters, Corp.

7225 W. 11 Ct. Apt 302 Hialeah, FL 33014

Ph. 786-357-3780 • 786-236-9380

twobrothersraingutters@gmail.com

☐ Invoice

☒ Estimate 10

Date: _____

LIC# 15BS00307

PROPOSAL SUBMITTED TO:

Name _____

Address: _____

City, State _____

Phone _____

WORK TO BE PERFORMED AT:

Address: _____

City, State _____

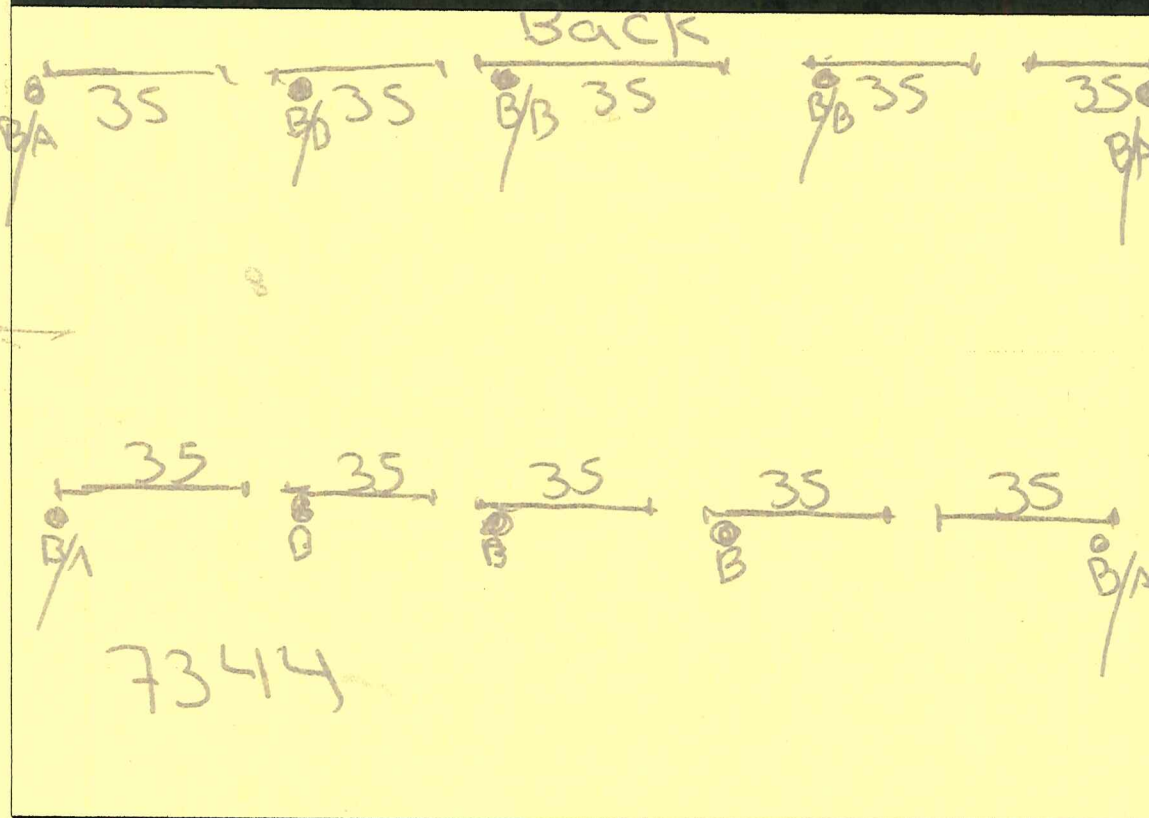
ESTIMATE

GUTTER COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | |
| <input type="checkbox"/> OTHER _____ | |

DOWNSPOUT COLOR

- | | |
|-------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CREAM |
| <input type="checkbox"/> IVORY | <input type="checkbox"/> BROWN |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> GRAY |
| <input type="checkbox"/> L. GRAY | <input type="checkbox"/> D. GRAY |
| <input type="checkbox"/> EGGSHELL | <input type="checkbox"/> ALMOND |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> 2X3 |
| <input type="checkbox"/> 3 X 4 | <input type="checkbox"/> 4X5 |
| <input type="checkbox"/> CONDUCTOR HEAD | |
| <input type="checkbox"/> OTHER _____ | |



TOTAL FOOTAGE _____

TOTAL DOWNSPOUT _____

SALES REP _____

5 YEAR GUARANTEE ON LABOR / 20 YEAR GUARANTEE ON MATERIAL

EXCEPT: Damage resulting from accident, misuse, abuse, neglect, or from other than normal and ordinary use of the product.

TOTAL \$ _____

☐ CASH _____

☒ ALUMINUM

DEPOSIT \$ _____

☐ CHECK _____

☐ COPPER

BALANCE \$ _____

☐ CREDIT CARD _____

☐ GALVANIZED

☐ STAINLESS STEEL

Crew Chief: _____

Installer: _____

☐ 1/4

☐ 1/2

☐ 3/4

☐ Completed

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AUTHORIZED SIGNATURE: _____

DATE: _____

CLIENT SIGNATURE _____

SPECIAL NOTE: _____