

LATH/PLASTER SERVICE AND REPAIR

This form complies with professional standards in effect

Insert your logo here

Company Name Here

License B 0000001
65 Pine Avenue Suite 310
Long Beach, CA 90802

PHONE (800) 555-5151 CELL (800) 555-5151

THIS CONTRACT IS
ENTERED INTO
THIS DATE:

BUYER/ OWNER	NAME			
	PROJECT ADDRESS	CITY	STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)	CITY	STATE/ZIP	PHONE

AMOUNT OF SERVICE CHARGE: \$

You may be charged a service charge, including any trip charges or inspection fee.

DESCRIPTION:

CONTRACT PRICE: \$.

TIME AND MATERIALS ESTIMATED CONTRACT PRICE: \$ at the set rate of \$ per (quarter hour, half hour, or hour).

OK to take replaced parts.

You are entitled to a completely filled in and signed copy of this agreement before any work may be started.

CONTRACTOR SIGNATURE

OWNER/BUYER SIGNATURE

DATE

X

OWNER/BUYER SIGNATURE

DATE

X