

# MASONRY SERVICE AND REPAIR

This form complies with professional standards currently in effect

**ABCForms, Inc.**

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

THIS CONTRACT IS  
ENTERED INTO  
THIS DATE:

*Insert your logo here*

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

<b>TO:</b>	NAME			
	PROJECT ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)		STATE/ZIP	PHONE

**AMOUNT OF SERVICE CHARGE:** \$ \_\_\_\_\_

You may be charged a service charge, including any

**DESCRIPTION:**

**CONTRACT PRICE:** \_\_\_\_\_ Dollars (\$\_\_\_\_\_).

**TIME AND MATERIALS ESTIMATED CONTRACT**  
hour, half hour, or hour

OK to take replaced parts.

You are entitled to a completely filled in

(\$ \_\_\_\_\_) at the set rate of \$ \_\_\_\_\_ per quarter

reement before any work may be started.

CONTRACTOR/SELLER SIGNATURE

ER SIGNATURE

DATE

Sample