

Deck Doctor

Refinishing & Repair Since 1993

303-781-DECK (3325)

Fax # 720-384-0584

www.DeckDoctorInc.com



5220 W 3rd Ave

Lakewood, CO 80226

Residential Estimate & Invoice

Name:	_____	Date:	_____
Phone:	_____	Phone 2:	_____
Address:	_____	Email:	_____
City State Zip:	_____		

Measuremen Diagnosis / Repairs

Length	Width	Sq.Ft.
		0
		0
		0
		0
		0
		0
Total Sq. Ft.:		0
Deck Skirt/Apron		
Rails Linear Feet:		

Recommended Treatment

Check applicable procedure(s) and multiply price by total sq.ft.

Procedure	<input type="checkbox"/> if Recommended	Price per sq.ft.	Sq.Ft. (from above)	Procedure Price
Buff/lightsand		\$0.40	0	\$-
Power Wash		\$0.50	0	\$-
Power Wash & Brightener		\$0.75	0	\$-
Power Surface Sanding		\$1.20	0	\$-
Stain/Seal:		\$0.60	0	\$-
Deck Skirt/Apron		\$1.00	0	\$-
Rails (check all that apply):				
Sand top rail, stain and seal:		\$1.00	0	\$-
Power wash spindles:		\$3.00	0	\$-
Sand Spindles:		\$6.00	0	\$-
Stain & Seal spindles:		\$3.00	0	\$-
Replace Spindles Each:		\$12.00	0	\$-
Stairs Standard per ft:		\$1.00		\$-
Flat Bench per ft:		\$2.00		\$-
Bench With Back per ft:		\$5.00		\$-
Ladder Fee per ft:		\$1.25	0	\$-

Repairs:

Board Replacement Redwood: 2x4@ \$4.50 per ft _____ 2x6 @ \$7.00 per ft _____ \$-

2x8@ \$9.00 per ft _____ 2x10 @ \$11.00 per ft _____ 2x12@ \$14.00 per ft _____ \$-

Other: _____ \$-

Total Estimate: _____ \$-

Included (Only items marked are included in estimate)			INITIAL	Payment
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Full payment is due in full when the home improvement work described in the estimate is complete. Payment is accepted in cash, check or charge, but there is a convenience fee of 3% added to credit card transactions. If additional work is requested, payment for the work agreed to in this estimate must be received first. Customer agrees to pay additional fees if payment is returned as non-sufficient funds or account closed. Customers that would like to arrange financing need complete any arrangement before any work is started.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Color Selection Agreement

Note: Color selection is the customer's choice and responsibility. Deck Doctor will apply the color or stain requested, but it should be expected that the final color on the deck may vary significantly from any sample provided or from other portions of the deck. Variations may occur due to prior deck treatments, natural variations in wood color and integrity, deck wear and weathering.

Stain Selected (Make/Color): _____

Authorization

Customer authorizes Deck Doctor to perform the treatment(s) listed above and will provide payment when the work is completed in accordance with the payment policy above.

Customer Signature: _____ Date Accepted: _____

Printed Name: _____