

## REQUEST FOR A FREE QUOTE

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Contact By: PHONE  E-MAIL  FAX

### Fill out the form and check all that applies:

Type of facility (ex. store, restaurant): \_\_\_\_\_

Number of days of service per week: \_\_\_\_\_ Check here if this is a one time service

Vacuum Carpet:  YES  NO Total square feet of carpet: \_\_\_\_\_

Total square feet of the building: \_\_\_\_\_ Total square feet of vinyl: \_\_\_\_\_

Total square feet of ceramic tile: \_\_\_\_\_ Total square feet of concrete: \_\_\_\_\_

Total square feet of linoleum: \_\_\_\_\_ Area to be buffed: \_\_\_\_\_ How often: \_\_\_\_\_

Area to be waxed: \_\_\_\_\_ How often: \_\_\_\_\_

Area to be stripped and Re-finished: \_\_\_\_\_ How often: \_\_\_\_\_

Empty all waste receptacles:  YES  NO

Dust mini-blinds and A/C vents:  YES  NO

Dust and wipe tables:  YES  NO

Clean glass doors and partitions:  YES  NO

Dust picture frames and all wall hangings:  YES  NO

Clean and disinfect restrooms:  YES  NO If YES How many \_\_\_\_\_

Refill tissue, soap, and towels:  YES  NO If YES do you supply them  YES  NO

### Your comments:

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Fax your request to: 877-902-8102 or mail to:  
Janex  
4203 Yorkshire Rd.  
Parma, OH 44134