

SERVICE BID

Please complete the information below to enter a bid for contract. Please provide and attach proof of liability insurance.

Company Name _____	Contact Name _____
Phone # _____	Cell # _____ Fax # _____
Address _____	E-Mail _____

Description of Services Requested

Equipment Provided

Cost Per Hour

References

Name/Company _____ Phone# _____ Fax# _____

Address _____
Street Address City, State Zip

Name/Company _____ Phone# _____ Fax# _____

Address _____
Street Address City, State Zip

Please Sign and Date Bid:

Printed Name _____ Signature _____ Date _____

