

Customer Name _____ Job Location _____  Phone _____ Alt. Phone _____ Date _____ Time _____ Estimator _____ Rooms: _____  Carpet & Pad: _____	Carpet on floor _____ <input type="checkbox"/> Pelletier Rug pulling up. <input type="checkbox"/> Client pulling up.  <input type="checkbox"/> Wood Floor. <input type="checkbox"/> Cncrte - no liquid nail. <input type="checkbox"/> Concrete - liquid nail. <input type="checkbox"/> Floor Prep. Needed  <input type="checkbox"/> Lally Columns _____	<input type="checkbox"/> Gold metal _____ <input type="checkbox"/> Silver metal _____ <input type="checkbox"/> Vinyl _____ <input type="checkbox"/> Cove Base _____																											
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