

--Proposal--

14236

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(407) 658-6786



CALL ANYTIME
(407) 851-3141

EMAIL
ArrowPavement@aol.com

3936 Semoran Blvd. #118
Orlando, FL 32822

WEBSITE
www.arrowpavement.com

SUBMITTED TO: Harmony District		PHONE: 301-2235	DATE: 12/7/2020
STREET: 313 Campus St.		EMAIL: gerhardharmony@gmail.com	
CITY: Celebration	STATE:	ZIP:	
JOB NAME: Harmony District	JOB LOCATION: Harmony District		

We are pleased to submit this estimate for material and labor to improve the life and appearance of your asphalt surface and to aid in your business success. Our following recommendations are in accordance with the general practices and standards of the asphalt paving industry. We pride ourselves in being Orlando's oldest sealcoating company, established in 1978.

NEW WORK/OR REPAIR WORK

PATCHING:
 CURBING:
 SAWCUTTING:

CARSTOPS:
 OVERLAYS:

SEALING sq. ft.

COATS: SPRAY METHOD:
 COAT: DRAG METHOD:

PREPARATION

PAVING sq. yd.

SWEEP AND/OR VACUUM:
 ASPHALT SURFACES

OVERLAY:

PAINT CARSTOPS:
 YELLOW LINES:
 WHITE LINES:
 YELLOW CURBS:
 WHITE CURBS:

EA. SPEED BUMPS:
 FT. ARROWS:
 FT. HANDICAPS:
 FT. STOP BARS:
 FT. STENCILLING:

SEALING	_____
PAVING	_____
STRIPING	_____
ADDITIONAL WORK	\$3,200.00
TOTAL	\$3,200.00

ADDITIONAL WORK TO BE PERFORMED:

Installation of (4) 6" bollards encased in a 2' x 2' x 2' cube of concrete. \$3200.00 Any additional bollards will be at a charge of \$800.00 per bollard.

WE PROPOSE to complete the above work in accordance with above specifications for the sum of:

THREE THOUSAND TWO HUNDRED DOLLARS AND NO CENTS

\$3,200.00

Payment due upon receipt-1.5% finance charge added past 30 days.

When signed by customer and/or owner, this becomes a legal contract. Customer and/or owner acknowledges the checked items, attached exhibits and terms thereof. Proposal price effective for 30 days.

Authorized Signature Gary Rumpza
 GARY RUMPZA Sales Representative

ACCEPTANCE OF PROPOSAL The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____
 Date of Acceptance _____