



**Topps
Tree
Service**

Topps Tree Service, Inc.

Paul de Marchi
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Name: _____ Date: ____ / ____ /20____

Address: _____ Referred by: _____

_____ Previous customer: yes no

Phone: (Home) _____ Directions: _____

(Work) _____

SPECIFICATIONS

- | | |
|---|--|
| Prune..... <input type="checkbox"/> yes | Kill vines at ground level..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| Remove..... <input type="checkbox"/> yes | Remove vines from tree..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| Grind stump..... <input type="checkbox"/> yes <input type="checkbox"/> no | Cut up firewood..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| Leave high stump..... <input type="checkbox"/> yes <input type="checkbox"/> no | Length? _____ |
| Put tree on ground only..... <input type="checkbox"/> yes <input type="checkbox"/> no | Where? _____ |
| Chip brush..... <input type="checkbox"/> yes <input type="checkbox"/> no | Dispose of wood..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| Move brush..... <input type="checkbox"/> yes <input type="checkbox"/> no | How? _____ |
| Dump chips on site..... <input type="checkbox"/> yes <input type="checkbox"/> no | Cut to lengths..... <input type="checkbox"/> yes <input type="checkbox"/> no |

WORK TO BE COMPLETED

Special equipment required? _____ (Ladder, heavy rope, splitter, crane) Special hazards? _____

PRICE ON SPECIFIED WORK: \$ _____

COMPLETION DATE: _____ (Normally within 60 days)

Date Billed: _____ Company approval _____ Date: _____

Date paid: _____ Customer signature _____ Date: _____

TERMS: PAYMENT IS DUE UPON COMPLETION OF ABOVE WORK DESCRIPTION.