

301-881-0552

FAX 301-881-0320

349-4441

BRYAN



P.O. BOX 426 BARNESVILLE MD 2085: **CALCO** FENCE

5700 Fishers Lane, Rockville, MD 2085:

CALCO FENCE
"When Quality Matters"

Bryan Walker
Operations Director/ Sales

Po Box 426
18101 Sellman Road
Barnesville, Md 20838
301-881-0552
301-349-4441

We propose, subject to acceptance, to sell and to install on your property the fencing material

Owner Name: CHELF RESIDENCE

Job Address: S

Address: 2301 McCormick Rd

Tel.: (H) 3016

City, State, ZIP: Rockville, Md 20850

FAX: _____

Customer is responsible for: _____

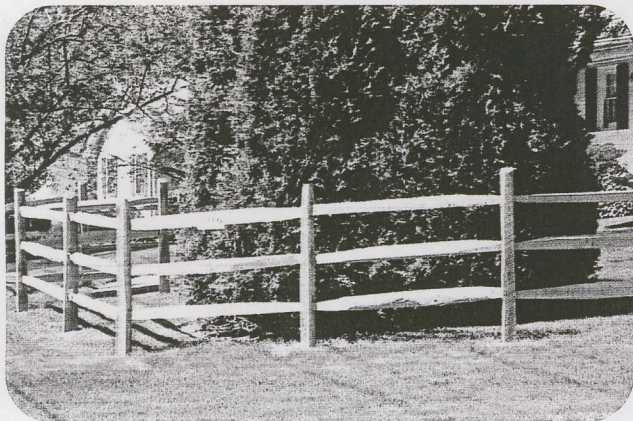
CALCO to trim trees and bushes as needed.

Existing Fence: None Clear & Haul Materials: Pr. Trtd. ACQ Other: _____ Sprinkler System: Yes No

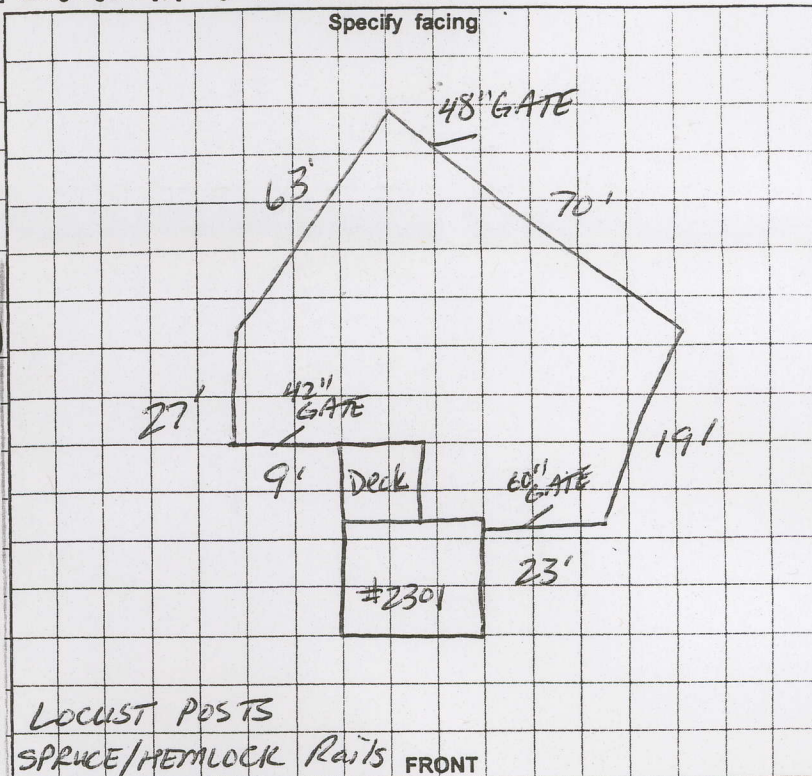
Split Rail: 2 Hole (36" high) 3 Hole (48") 4 Hole (60") Wire: 12.5 ga. galv. 14 ga. galv. Black Green

Specifications: _____

INSTALL 211' OF 3 HOLE SPLIT RAIL W/ WIRE
INSTALL 3 GATES; HINGE POSTS TO BE SET IN CONCRETE.



3-Hole Post & Rail



Posts: Gothic Col. Gothic Caps: _____ Pickets: Plain Gothic Col. Gothic Fence Top: Straight

Runners: two three 2x3 2x4 mounted on TECO brackets face nailed Concave (Dip)

Gates include all hardware. Sales taxes are included. Approximate dates: Start: 3 WKS Completion: 20 DAYS Convex (Oval)

Attempt to Permit: Customer CALCO (Customer to provide check for \$30.00 made to Montgomery County along with survey plat.)

Miss Utility to be contacted by CALCO Date: _____ Log #: 15.00 City of Rockville

Contract Price for materials & services described above: \$ _____

Deposit before work is started (Not to exceed 33% of contract): \$ 1/3

COD Balance upon completion (To be collected by Foreman): \$ _____

Name on Charge Card: _____ Acct. # _____ Exp. Date: _____ Deposit Balance Total

ACCEPTANCE OF PROPOSAL: The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as outlined above. Buyer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. All home improvement contractors and subcontractors must be approved by the Maryland Home Improvement Commission. Inquiries about a contractor should be transmitted to the Commission at 1-410-230-6309.

CALCO FENCE: _____ CUSTOMER/OWNER: _____

Estimator's MHIC License # 82900

Date of Acceptance: _____

To mail in contract: please sign white original copy and mail to CALCO FENCE with deposit; retain pink duplicate copy for your records. This proposal is good for 30 days, incorporates the terms and conditions overleaf and is not binding on CALCO FENCE until accepted at the CALCO office.

Don't sacrifice Quality!
Look for differences in proposed design, materials and footage.