"COMMITTED TO QUALITY CUSTOMER SERVICE"

9341 Philadelphia Road
Suites D-F
Rosedale, Maryland 21237

Phone: 410-732-1102

To: Cornias Building
1434 Fleet Street
Baltimore, MD 21231

From: Jamie O'Reilly

Re: Replace elevator contractor

Date: April 3, 2025

Admiral Elevator Company, Inc. hereby submits our proposal to provide the labor and material to perform the following work:

Provide a Service Team to replace the elevator starter contactor.

Customer Name: Cornias Building

Scope of Work: Replace elevator contactor

Total Cost: $2,674.0000 // Two thousand six hundred seventy four dollars & 00/100

50% down payment due prior to the commencement of any work
Final payment due net 30 days after invoiced date
Pricing valid for 60 days
A 3.5% fee will apply to credit card purchases

Check One

	Maintenance
	Time/Material
X	Repair / Upgrade
	Mod/New Construction

We propose hereby to perform work as indicated above.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____Jamie O'Reilly_____

Note: This proposal may be withdrawn by Admiral if not accepted within thirty (30) days

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the above work as specified. Payment will be made as outlined above.

Date of Acceptance:_____

Signature:_____

Printed Name:_____

Email address:_____

Phone Number:_____

Customer Account Information

Building name: _____

Building address: _____

On-site point of contact:_____

Phone: _____

Fax: _____

Email: _____

Billing name: _____

Billing address: _____

Billing point of contact: _____

Phone: _____

Fax: _____

Email: _____