

Torelli Painting & Maintenance Services Quote

1. What type of painting do you require? Please tick the box(es): **Required**

- Residential Commercial Industrial

2. Site Location: **Required**

Enter full address:

3. When do you require this service?: **Required**

Enter dates:

4. Type of property?: **Required**

5. How many stories is the building?: **Required**

6. What do you need to paint? Please tick the box(es): **Required**

- Interior Exterior Both

7. What will this project involve? Please tick the box(es): **Required**

- | | |
|---|--|
| <input type="checkbox"/> Painting new surfaces | <input type="checkbox"/> Re-painting existing surfaces |
| <input type="checkbox"/> Staining timber surfaces | <input type="checkbox"/> Minor repairs before painting |
| <input type="checkbox"/> texture Coating | <input type="checkbox"/> Decorative finishes |
| <input type="checkbox"/> Restoration work | <input type="checkbox"/> Rust removal/treatment |
| <input type="checkbox"/> Waterproofing/Sealing | <input type="checkbox"/> Anti Graffiti Coatings |
| <input type="checkbox"/> Other (please specify | |

8. What types of surfaces require painting or treatment?: **Required**

- | | |
|--|--|
| <input type="checkbox"/> Brick / Stone | <input type="checkbox"/> Plaster Board |
| <input type="checkbox"/> Rough Concrete | <input type="checkbox"/> Smooth Concrete |
| <input type="checkbox"/> Besser Block | <input type="checkbox"/> Wood / Timber |
| <input type="checkbox"/> Aluminium / Steel | |
| <input type="checkbox"/> Other (See special requirements | |

9. Are there any hazards involved with the project?: **Required**

No Yes

If 'Yes', please specify

10. Special Instructions or requirements eg: scaffolding or special access:

No Yes

If 'Yes', please specify

11. Would you like this quote to INCLUDE paint costs?: **Required**

INCLUDE Paint costs in quote EXCLUDE Paint costs from quote

12. Do you want to use a specific type of paint?: **Required**

No Yes

If 'Yes', please specify

13. Email Address: **Required**

14. First Name: **Required**

15. Last Name: **Required**

16. Day time phone: **Required**

***Once completed, please email this quote back to**

info@torellipainting.com.au

or by post

PO Box 610, Collins st. west, VIC, 8007