

Please Print and complete form and Fax to Katsam @ 314-423-7602

Katsam Bid Request

Name of Your Company: _____

Your Billing Address: _____

Your City, State, Zip: _____

Contact Person: _____

Area Code & Phone: _____

Area Code & Fax: _____

Email Address (for reply purposes only): _____

Property Name: _____

Property Address: _____

City, State: _____

Requested Date of Service: _____

Frequency of Service: _____

Follow Up Date: _____

Desired date of work completion: _____

Type of Service or Services Requested:

Parking Lot Sweeping

Pressure Washing

Day Porter

Go Green Pressure Washing

Other