

VIRTUAL ASSISTANT QUOTE FORM ~ SUNDRY SERVICES LLC

Client Name: _____

Phone: _____

Fax: _____

Need by Date: _____

[illegible]

TYPE: ☐ Individual ☐ Business

I agree, that I will cover all search and or any additional time or otherwise related costs. The quoted cost provided above is accurate to the best of Sundry Services' knowledge, and I authorize Sundry Services LLC, to provide the above-listed services.

Client Printed Name: _____

SUNDRY SERVICES ~ 7720 NE HWY 99 #D128, VANCOUVER, WA 98665 ~ (360) 602-6640