

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number

**PROTECTION SYSTEM
ESTIMATE SHEET**

CUST./CO. NAME		SITE CONTACT		DATE	SALESPERSON
ADDRESS		CITY		PHONE	FAX NO.
				STATE	ZIP

	ITEM	DESCRIPTION/COMMENTS	QTY.	UNIT PRICE	AMOUNT
CON. PANEL					
REPORTING	Digital Communicator				
	Radio				
	Line Security				
	Direct Connect				
	Cellular				
REMOTE STAT.	Keypad W/Display				
	Keypad W/LED				
	Keypad				
	Keyswitch				
PERIMETER DETECTION	Magnetic Contacts				
	Glass Breakage				
	Shock/Vibration				
	Exterior				
INTERIOR DETECTION	PIR				
	Microwave				
	Photoelectric Beams				
FIRE	Panic / Hold-up				
	Smoke Detectors				
	Pull Stations				
AUDIBLE	Heat Sensors				
	Horns				
	Sirens				
OTHER	Strobe Light				
	CCTV				
	Access Control				
	Supervisory				

This Estimate valid for _____ days.

ESTIMATE TOTAL