To: ████████████████████████

Cc: ████████████████████████

From: ~~Lesley Crow~~

Sent: Fri 10/17/2014 3:34:58 PM

Subject: Re: Maple Fert Proposal

No worries. I kinda thought that may be the case. Today is great.

Sent from my iPhone

On Oct 17, 2014, at 11:12 AM, ████████████████ rote:

> Sorry but that crew wasn't doing treatments with the rain yesterday.
> They will be out today
> Celia

O'Neill's Tree Care, Inc
90 Camp Ave, Stamford CT 06907
(203)655-7865/(203)972-6827

-----Original Message-----

From: ████████████████████

To: Oneills <oneillstree@aol.com>

Cc: ████████████████████████

Sent: Fri, Oct 17, 2014 9:50 am

Subject: RE: Maple Fert Proposal

Hi Celia...were the guys able to come yesterday and give the trees the vitamins?
:) lesley

Subject: Re: Maple Fert Proposal

From: oneillstree@aol.com

Date: Wed, 15 Oct 2014 16:24:06 -0400

CC: ████████████████

To: ████████████████

This is fine
I'll get the work order ready before I leave the office
Thanks
Celia

Sent from my iPhone

On Oct 15, 2014, at 4:18 PM, ██████████████████████ wrote:

> HI Tom...We would like you to please fertilize our four maples as soon as possible at a cost of $425 plus tax, total...my scanner is not working properly however so I cannot scan, sign, email back this quote...May this email serve as acceptance of your quote please?

To██████████████
Subject: Maple Fert Proposal
From: oneillstree@aol.com
Date: Wed, 15 Oct 2014 15:55:58 -0400

Please reply to acknowledge receipt

O'Neill's Tree Care, Inc
90 Camp Ave, Stamford CT 06907
   (203)655-7865/(203)972-6827

October 15, 2014

Dear ████████:
In response to your request, I have completed the
         following for your
review:

* Four large Sugar Maples along stone wall:
Deep Root Liquid
         Fertilization............................
         $425.00

Sales Tax to be added at time of billing.

If you have any questions, please don't hesitate to
         call me. I look
forward to hearing from you soon.

Very truly yours,

Thomas D. O'Neill

Certified Arborist

Please sign and return one copy if this meets with your approval.

Date_____ Authorized _____
Phone#_____