

Sales Quote

Date: [Enter date]

F.O.B. Terms Delivery # [100]

COMPANY [Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

TO [Customer Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

Customer ID [1111111]

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
					Due on receipt	

Qty	Item #	Description	Unit Price	Discount	Line Total
				Total Discount	
				Subtotal	
				Sales Tax	
				Total	

Signatures of Authorized Person: _____

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)

To accept this quotation, sign here and return: _____

Thank you for your business!

[Your Company Name] [Street Address], [City, ST ZIP Code] Phone [000-000-0000] Fax [000-000-0000] [e-mail]