14, DD Main Rd, opp. Agarwal Eye Hospital, 1st street, Arappalayam, Madurai-625016 Cell: 77089 66134 Email: info@kudilagam.com

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Ouotation issued for:

Mr./Ms. MATHAN,

City: Virudhunaga Mob: 9443367285

Mail: bmathanmohan@gmail.com

Invoice Number: KA0068

Invoice Date: 29-02-2024

Valid Till: 15-03-2024

1. VELCRO FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	4 x 4ft	4	64	45	2,880
			64	TOTAL	2,880







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2. CLASSIC WINDOW FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	4 x 4ft	4	64	240	15,360
			64	TOTAL	15,360







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Ouotation issued for:

Mr./Ms. MATHAN, Invoice Number: KA0068

City: Virudhunaga Invoice Date: 29-02-2024 Mob: 9443367285

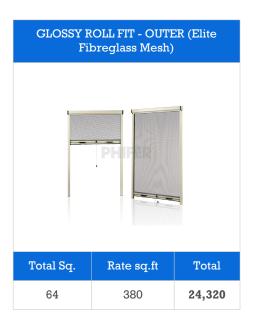
Mail: bmathanmohan@gmail.com

Valid Till: 15-03-2024

3. GLOSSY ROLL FIT - INNER



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	4 x 4ft	4	64	350	22,400
			64	TOTAL	22,400



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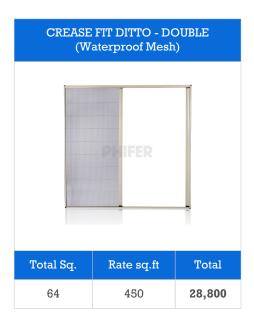
Mail: bmathanmohan@gmail.com

Valid Till: 15-03-2024

4. CREASE FIT DITTO - SINGLE



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	4 x 4ft	4	64	410	26,240
			64	TOTAL	26,240



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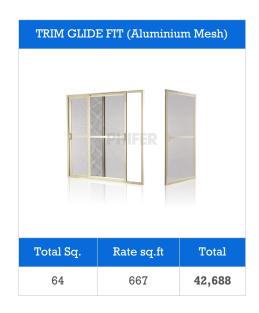
5. TRIM GLIDE FIT (SLIDING)



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	4 x 4ft	4	64	670	42,880
			64	TOTAL	42,880







TERMS AND CONDITIONS
1. 50% Advance payment for order confirmation.
2. 18% GST 2% Packing Charges and Transportation are additional.
3. Payment should be made in favour of Kudilagam Interiors & Promoters.
4. Balance Payment should be made on date once the supply or installation is completed.
5. Kudilagam Interiors & Promoters accepts no liability for consequential damages however caused.
6. Supply and installation of product will be 15 days from date of confirmation.
7. No Replacement of material on placement of order.
8. Advance paid is non refundable on cancellation of the order.
9. Electricity, water and storage for safeguarding the goods should be provided by the client at free of cost.