

[Company Name]

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

Fax: (000) 000-0000

[E-mail Address]

# QUOTATION

QUOTE #	DATE
2034	2/1/2017
CUSTOMER ID	VALID UNTIL
	3/31/2017

## CUSTOMER INFO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone, E-mail]

*Prepared By:*

## DESCRIPTION OF WORK

### ITEMIZED COSTS

Service Fee

Labor: 5 hours at \$75/hr

Parts, including sales tax

New client discount

QTY

UNIT PRICE

AMOUNT

1

200.00

200.00

5

75.00

375.00

7

12.95

90.65

(50.00)

(50.00)

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*Thank you for your business!*

**SUB TOTAL**

**615.65**

**OTHER**

-

**TOTAL QUOTE**

**\$**

**615.65**

This quotation is not a contract or a bill. It is our best guess at the total price for the service and goods described above. The customer will be billed after indicating acceptance of this quote. Payment will be due prior to the delivery of service and goods. Please fax or mail the signed quote to the address listed above.

Customer Acceptance

//

Signature

Printed Name

Date

If you have any questions, please contact [Name, Phone, email@address.com]