[Company Name]

[Street Address] [City, ST ZIP] Phone: (000) 000-0000 Fair: (000) 000 0000 [F-mall Address]

QUOTATION

DATE	@UOTE #
2442017	2034
WALIDIAY	GUSTOMER ID
2/2/2017	

GUSTOMER INFO

[Name] [Company Name] [Street Address] [City, ST ZIP] [Phone, E-mail]

Francisco Spr

	DESCRIPTION OF WORK	
l .		

TMUOMA	UNIT PRICE	YT9	TEMIZED COSTS	
200.00 375.00 90.65 (50.00	200.00 75.00 12.35 (50.00)	1 3 7	Service Fee Labor: 5 hours at \$75/hr Parts, Including sales tax New olient discount	
ea.era -	BIUIAL THER ALQUOIE \$		*recensed water, and varie general!	

I his 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 mall the signed quote to the address listed above.

Customer Acceptance	N.	E P
"	2000 5000	
Signature	Printed Name	Date

If you have any questions, please contact (Name, Phone, email@address.com)