Your Company Name

Postal Address
Postal Code
Phone (000) 000-0000 Fax (000) 000-0000

Quotation

DATE: August 15, 2011
Document No: 100
Customer Account No:

Quotation valid until: August 22, 2011
Prepared by:

Bill To:
Name
Company Name
Postal Address
Postal Code
VAT No:
Phone: (000) 000-0000 Fax: (000) 000-0000

Code	Description	Quantity	Unit Price	TOTAL
			TOTAL:	

Comments / Special Instructions

Date: _____

Approval Signature: _____

Thank you for requesting a quotation from us!