Your Company Name

Quotation

Postal Address Postal Gode

Phone (000) 000-0000 Fax (000) 000-0000

DATE Document No: August 15, 2011

100

Customer Account No:

Quotation valid until: August 25, 2011

Prepared by:

Bill To: Name Company Name Postal Address Postal Code VAT No:

Phone: (000) 000-0000 Fax: (000) 000-0000

ode Description	P.	Quantity	Unit Price	TOTAL
			- 1	
			B-2-200	
			TOTAL	
omments / Special li	nstructions			
ate:				
pproval Signature:				
pprovide organizatione.	-			

Thank-you for requesting a quotation from us!