## Your Company Name

## Quotation

Postal Address Postal Godo

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

DATE Document No: Customer Account No:

August 15, 2011 100

Bill To: Nome

Company Name Postal Address Postal Code VAT No.

Quotation valid until: August 25, 2011 Prepared by:

ode	Description	Quantity	Unit Price	TOTAL
			TOTAL	
omme	nts / Special instructions			
959			-	
ate.				
pprov	al Signature:			

Thank-you for requesting a quotation from usi-