 **QUOTE**

Unit 10/28 Burnside Road Date: <Date>

Yatala QLD, Level 2 George St Parramatta NSW 2150 Quote No.: <Quote#>

Phone: 1300 723 900 Valid Until: <ValidUntil>

Fax: 1300 664 244

Prepared by: <EmployeeName>

|  |
| --- |
| Client Details |

<Client>

<ClientName> P: <ClientNumber>

<ClientAddress>

<ClientEmail>

|  |  |
| --- | --- |
| Description | Quantity |
|  |  |

|  |  |
| --- | --- |
| Subtotal | $ <Subtotal> |
| GST rate | 10.00% |
| GST total | $ <GST> |
| **TOTAL Due** | **$ <TotalPrice>** |

|  |
| --- |
| TERMS AND CONDITIONS |
| 1. Customer will be billed upon completion |
| 1. Payment will be due 30 days from invoice date |
| 1. Please fax or mail the signed price quote to the address above |
| Customer Acceptance (sign below):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: |

If you have any questions about this price quote, please contact

[admin@novabiomedical.co](mailto:admin@novabiomedical.co)

Thank You For Your Business!