



QUOTE

10/28 Burnside RD
Yatala QLD, Level 2 George St Parramatta NSW 2150
Phone: 1300 723 900
Fax: 1300 664 244
Prepared by: <EmployeeName>

DATE:	<Date>
QUOTE #	<Quote#>
Customer ID	<Customer#>
Valid Until:	<ValidDate>

Customer

<Location>
<CustomerName> P: <CustomerNumber>
<CustomerAddress>
<CustomerEmail>

DESCRIPTION	QUANTITY
Thank you for the opportunity to quote. We are pleased to quote as follows	
<Product1>	<Quantity1>
<Product2>	<Quantity2>
<Product3>	<Quantity3>
<Product4>	<Quantity4>
<Product5>	<Quantity5>
<Product6>	<Quantity6>
<Product7>	<Quantity7>
<Product8>	<Quantity8>
<Product9>	<Quantity9>
<Product10>	<Quantity10>
<Product11>	<Quantity11>
<Product12>	<Quantity12>
<Product13>	<Quantity13>
<Product14>	<Quantity14>
<Product15>	<Quantity15>
<Product16>	<Quantity16>
<Product17>	<Quantity17>
<Travel>	<TravelQuantity>

TERMS AND CONDITIONS

1. Customer will be billed upon completion
2. Payment will be due 30 days from maintenance completion
3. Please fax or mail the signed price quote to the address above

Customer Acceptance (sign below):

x _____

Print Name:

Subtotal	\$<Price>
Taxable	
Tax rate	10.000%
GST	\$<GST>
Other	<Other>
TOTAL Due	\$<TotalPrice>

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

admin@novabiomedical.co

Thank You For Your Business!