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| |  | | --- | |  | | | |  | **QUOTE** | | | |
|  | | |  |  | |  | |
| 10/28 Burnside RD |  |  |  | **DATE:** | | 13/03/2017 | |
| Yatala QLD, Level 2 George St Parramatta NSW 2150 |  |  |  | **QUOTE #** | | 15300317 | |
| Phone: 1300 723 900 |  |  |  | **Valid Until:** | | 13/04/2017 | |
| Fax: 1300 664 244 |  |  |  |  | |  | |
| Prepared by: Sean Welch |  |  |  |  | |  | |
| **Customer** |  |  |  |  | |  | |
| 13123123 |  |  |  |  | |  | |
| 12312312 P: 123123 |  |  |  |  | |  | |
| 3123123123 |  |  |  |  | |  | |
| 12312 |  |  |  |  | |  | |
| **DESCRIPTION** | | | | **QUANTITY** | | | |
| Thank you for the opportunity to quote. We are pleased to quote as follows | | | |  | | | |
| 12 Lead ECG Machine (Including Electrical Safety) | | | | 42 | | | |
| Audiobooth | | | | 1 | | | |
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|  | | | |  | | | |
| Travel | | | | 1 | | | |
|  |  |  | [42] | Subtotal | | $1100.00 | |
| **TERMS AND CONDITIONS** | | |  | Taxable | |  | |
| 1. Customer will be billed upon completion | | |  | Tax rate | | 10.000% | |
| 2. Payment will be due 30 days from invoice date | | |  | GST | | $110.00 | |
| 3. Please fax or mail the signed price quote to the address above | | |  | **TOTAL Due** | **$1210.00** | |
| *Customer Acceptance (sign below):* | | |  |  | |  | |
|  | | |  |  | |  | |
| **x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |  | | | |
| 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!*** | | | | | | | |