

Quotation No: EPPL/QTN/444

Quotation Date: 25/09/2023

To:

**Mrs. asd**

asd,

as,

asd, asd

asd-asd

Dear Sir/Ma’am,

**Subject**: Pest Management Treatment

**Reference**: Your enquiry and our discussion had with **asd**

**Type Of Business:** Bungalow

We thank you very much for your enquiry regarding our services and are glad of the opportunity given to us to quote our rates. It had been the pleasure of our **Mayur Kanade** to discuss with you. Further to your instructions, we are pleased to submit our quotation as below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name: Mrs. asd**  **Address:** asd,as,asd,asd-asd | | | |
| **Location of treatment** | **Type of treatment & scope of work** | **Frequency** | **Treatment Charges** |
| nnnn | |  | | --- | | **Green Shield**  Gel Applied | | **Bugsfree**  Powder Applied | | **Daily** | **Rs bbb**  **Per Month** |
| **18% GST add on Invoice Amount as Applicable** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name: M/S. Mayur**  **Address:** kooo,hyuuuij,bhkik,jnj-kkkfmf | | | |
| **Location of treatment** | **Type of treatment & scope of work** | **Frequency** | **Treatment Charges** |
| halll | |  | | --- | | **Antron**  White gel & spray | | **Weekly** | **Rs 10000**  **Per Treatment** |
| asndjasd jaksdna s | |  | | --- | | **Bugsfree**  Powder Applied | | **Antron**  White gel & spray | | **Monthly** | **Rs 500**  **Per Annum** |
| **18% GST add on Invoice Amount as Applicable** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name: Ms. absbdb**  **Address:** nansdn,asdasd,asdasdasdj,Pune-asdnasd | | | |
| **Location of treatment** | **Type of treatment & scope of work** | **Frequency** | **Treatment Charges** |
| anbsdnamsdm | |  | | --- | | **Green Shield**  Gel Applied | | **Daily** | **Rs 8888**  **Per Room** |
| **18% GST add on Invoice Amount as Applicable** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name: . asdasd**  **Address:** asd,asd,asd,asd-asd | | | |
| **Location of treatment** | **Type of treatment & scope of work** | **Frequency** | **Treatment Charges** |
| as | |  | | --- | | **Bugsfree**  Powder Applied | | **Weekly** | **Rs 5**  **Per Month** |
| **18% GST add on Invoice Amount as Applicable** | | | |

Payment Terms: **Full**

GST No: **27AAACE9593K1Z1**

We hope you will accept our offer and give us the opportunity to be of service to you.

For clarification if any do call.

Thanking you,

Yours faithfully,

**For EXPRESS PESTICIDES PVT. LTD**

Authorised Signatory

AG/MK

