

<Company Name>

<123 Street Address, City, State, Zip/Post>

<Website, Email Address>

<Phone Number>



BILL TO

<Contact Name>
<Client Company Name>
<Address>
<Phone, Email>

SHIP TO

<Name / Dept>
<Client Company Name>
<Address>
<Phone>

Page _____
Date _____
Date of Expiry _____
Estimate No. _____
Customer ID _____

SHIPMENT INFORMATION

P.O. #	Mode of Transportation	_____
P.O. Date	Transportation Terms	_____
Letter of Credit #	Number of Packages	_____
Currency	Est. Gross Weight	_____
Payment Terms	Est. Net Weight	_____
Est. Ship Date	Carrier	_____

ITEM #	DESCRIPTION	UNIT	QTY	UNIT PRICE	SALES TAX	TOTAL
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00

SPECIAL NOTES, TERMS OF SALE

SUBTOTAL	0.00
SUBTOTAL LESS DISCOUNT	0.00
SUBJECT TO SALES TAX	0.00
TAX RATE	0.00%
TOTAL TAX	0.00
SHIPPING/HANDLING	0.00
INSURANCE	0.00
<OTHER>	0.00
<OTHER>	0.00

Quote Total \$ -

I declare that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____