QUOTE

Date: [Enter a date]
Invoice # [100]
Expiration Date: [Enter a date]

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Fax [000.000.0000]
[e-mail]

To
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

Salesperson	Job	Payment Terms	Due Date
		Due on receipt	

Qty	Description	Unit Price	Line Total
		Subtotal	
		Sales Tax	
		Total	

Quotation prepared by: _____

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)

To accept this quotation, sign here and return: _____

Thank you for your business!