|  |  |
| --- | --- |
|  | QUOTE |
| [Company Name]  [Company Slogan] | INVOICE # [No.]  Date: [Click to Select Date] |
| [Street Address, City, ST ZIP Code]  Phone [phone] Fax [fax]  [email] | EXPIRATION DATE [Click to Select Date] |

|  |  |  |
| --- | --- | --- |
| To | [Contact Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [phone]  Customer ID [No.] |  |

|  |  |  |  |
| --- | --- | --- | --- |
| salesperson | job | payment terms | due date |
|  |  | Due on receipt |  |

|  |  |  |  |
| --- | --- | --- | --- |
| qty | description | unit price | line total |
|  |  |  |  |
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|  |  |  |  |
|  | | Total Labor |  |
|  | | 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! |