# Quote

YOUR LOGO HERE

*[Your company slogan]*

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

[Your Company Name]
[Street Address]
[City, ST ZIP Code
Phone [000-000-0000]
Fax [000-000-0000]
[e-mail]

TO [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [000-000-0000]
Customer ID [ABC123]

| Salesperson | Job | Payment Terms | Due Date |
|---|---|---|---|
| | | Due on receipt | |

| Qty | Description | Unit Price | Line Total |
|---|---|---|---|
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| | | 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!***