



**Solid Surface Firm or Company**

Address  
City, State ZIP  
Country  
Phone, Web Site Address

Date:  
Invoice:  
Contact No.:

Bill To:  
Name:  
Address:

<b>Estimate</b>	
<b>Interior Designer:</b>	

Code	Description	Sq. Feet	Rate	Total Amount

<b>SUBTOTAL</b>	-
<b>VAT 5.000%</b>	-
<b>Transportation</b>	-
<b>TOTAL</b>	-
<b>PAID</b>	-
<b>TOTAL DUE</b>	-

- Terms and Conditions**
1. 75% Advance Payment.
  2. Transportation and Handling will be charged extra.
  3. 5% Vat will be charged extra.
  4. Actual measurement may vary when work is done.
  5. Material kept overnight will be Clients responsibility.