



**Solid Surface Firm or Company**

Address  
City, State ZIP  
Country  
Phone, Web Site Address

Date:  
Invoice:  
Contact No.:

Bill To:  
Name:  
Address:

Estimate	
Interior Designer:	

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.