[Company Name]

[Street Address]

[City, ST ZIP] Phone: (000) 000-0000 Fax: (000) 000-0000 [E-mail Address]

QUOTATION

QUOTE #	DATE	
2034	2/1/2017	
CUSTOMER ID	YALID UNTIL	
	3/3/2017	

Prepared By:

CUSTOMER INFO

DESCRIPTION OF WORK

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone, E-mail]

ITEMIZED COSTS	QTY	UNIT PRICE	AMOUNT
Service Fee	1	200.00	200.00
Labor: 5 hours at \$75/hr	5	75.00	375.00
Parts, including sales tax	7	12.95	90.65
New client discount		(50.00)	(50.00
Thank you for your business!	St	JBTOTAL	615.65
		OTHER	-
	TOT	AL QUOTE	\$ 615.65

This quotation is not a contract or a bill. It is our best guess at the total price for the service and goods described above. The customer will be billed after indicating acceptance of this quote. Payment will be due prior to the delivery of service and goods. Please fax or mail the signed quote to the address listed above.

Customer Acceptance

К		
Signature	Printed Name	Date

If you have any questions, please contact [Name, Phone, email@address.com]