REQUEST FOR QUOTATION

P.O.
NO

DATE
RECEIVED

TELEPHONE
FAX #

COMPANY
NAME
ADDRESS
CITY STATE ZIP

THIS IS NOT AN ORDER

QUOTE DUE ON	BUYER	DELIVERY REQUIREMENTS	METHOD OF SHIPMENT

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

VENDOR'S SIGNATURE DATE

TERMS	F.O.B.	DELIVERY DATE PROMISED

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