

MESSRS:  
COMPANY NAME

## QUOTATION

<YOUR COMPANY NAME>

ADDRESS:

<YOUR OFFICE ADDRESS>

PHONE:

TEL:

FAX:

FAX:

| INCOTERMS |        | QUOTATION #  | DATE |
|-----------|--------|--------------|------|
|           | <CITY> |              |      |
| DELIVERY  | EXPIRY | PAYMENT TERM |      |
|           |        |              |      |

| SERVICE DESCRIPTION |              | AMOUNT |
|---------------------|--------------|--------|
| 1                   |              |        |
| 2                   |              |        |
| 3                   |              |        |
| 4                   |              |        |
| 5                   |              |        |
| 6                   |              |        |
| 7                   |              |        |
| 8                   |              |        |
| 9                   |              |        |
| 10                  |              |        |
| <u>NOTE</u>         | SUB TOTAL    |        |
|                     | TAX          |        |
|                     | TOTAL AMOUNT |        |

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<SIGNATURE>