PRICE QUOTE

Date: [Enter a date]
Invoice # [100]
Expiration Date: [Enter a date]

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Fax [000.000.0000]
[e-mail]

To
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
					Due on receipt	

Qty	Item #	Description	Unit Price	Discount	Line Total
			Total Discount		
				Subtotal	
				Sales Tax	
				Total	

Thank you for your business!