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| Quotation | | | | | | 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 | | Payment Terms | | | Due Date |
|  | | |  | | Due on receipt | | |  |
|  | | | | | | | | |
| Qty | | | Description | | Unit Price | | | Line Total |
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| Total | | | | | | | |  |
| **Quotation prepared by:**  **This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)**  **To accept this quotation, sign here and return:** | | | | | | | |  |
| Logo placeholder |  | | |  | | | | |