BID QUOTE

From

Name: _____
E-Mail: _____
Street Address: _____
City, State, Zip: _____
Phone: _____

Bill To

Name: _____
E-Mail: _____
Street Address: _____
City, State, Zip: _____
Phone: _____

Details

Date: _____
Quote #: _____
Description: _____

Description	Quantity	Rate	Amount

Client Authorization

Quote is valid for ____ days.

By signing below, the client acknowledges acceptance of the quoted price.

Client Signature: _____
Date: _____

Subtotal: _____
Discount: _____
Tax: _____

Total Quote Price: _____