Print Clear Form

Wholesale Glass Vases International

QUOTATION

SHIP BY: _____ CUSTOMER PURCHASE ORDER # _____

ORDER DATE: _____ Circle One: ☐ COMMERICIAL ☐ RESIDENTIAL

BILLING ADDRESS	SHIPPING ADDRESS
COMPANY _____	COMPANY _____
CONTACT _____	CONTACT _____
ADDRESS _____	ADDRESS _____
_____	_____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
COUNTRY: ☐ USA ☐ CANADA ☐ MEXICO	COUNTRY: ☐ USA ☐ CANADA ☐ MEXICO
TEL _____ FAX _____	TEL _____ FAX _____
EMAIL _____	SHIP TYPE: PREPAID COLLECT COD

ITEM #	Description	QUANTITY/UNIT	PRICE/UNIT	EXTEND
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
		Pcs	Pcs	0
				0
			Sub Total:	0.00
			Freight:	
			Total:	0.00

USE BACK SIDE FOR MORE ITEMS--->

PAYMENT INFO:	OFFICE USE ONLY:
☐ PREPAID TYPE: Visa	QUOTE # _____
NAME ON CARD: _____	
CC # _____	SHIPPING VIA: _____
EXPIRATION: _____ / _____	FREIGHT QUOTE # _____
CVN #: _____	FREIGHT COST $ _____
ADDRESS: _____ ZIP: _____	
☐ TERM NET: _____	

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