



Wholesale Glass Vases International

# QUOTATION

SHIP BY: \_\_\_\_\_

CUSTOMER PURCHASE ORDER # \_\_\_\_\_

ORDER DATE: \_\_\_\_\_

Circle One:      COMMERCIAL   /   RESIDENTIAL

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

ITEM #	Description	QUANTITY/UNIT	PRICE/UNIT	EXTEND
			<b>Sub Total:</b>	
			<b>Freight:</b>	
			<b>Total:</b>	

USE BACK SIDE FOR MORE ITEMS---->

PAYMENT INFO:	OFFICE USE ONLY:
<input type="checkbox"/> <b>PREPAID</b> TYPE: NAME ON CARD: _____ CC # _____ EXPIRATION: _____ / _____ CVN #: _____ ADDRESS: _____ ZIP: _____	QUOTE # _____ SHIPPING VIA: _____ FREIGHT QUOTE # _____ FREIGHT COST \$ _____
<input type="checkbox"/> <b>TERM</b> NET: _____	