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
			Sub Total:	
			Freight:	
			Total:	

USE BACK SIDE FOR MORE ITEMS---->

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