



REQUEST FOR QUOTATION

Date: _____

PERSON SUBMITTING RFQ: _____

PHONE NUMBER: _____

FAX: _____

Email: _____

BILL TO: Company: _____

SHIP TO: Company: *(Only if different from BILL TO)* _____

ATTN: _____

ATTN: _____

Address: _____

Address: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Country: _____

Country: _____

Item	Qty	Unit Price	Extended Price

Equipment Price _____
 Estimated Shipping Cost _____
 Total Price _____

Desired delivery date: _____

WE WILL QUOTE SHIPMENT VIA **UPS GROUND** FOR DOMESTIC RFQs– UNLESS OTHERWISE SPECIFIED (Check other desired method, below)

UPS RED ___ **UPS BLUE** ___ **UPS ORANGE** ___ **OTHER** ___

*See our Terms & Conditions page for other information – [click here](#)

ANY SPECIAL INSTRUCTIONS/COMMENTS _____
