

# SPECTRUM TECHNIQUES, LLC.

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## QUOTE REQUEST FORM

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer ID (if available): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ Ship to Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item Number/Description

Quantity

Completed by Sales

Price

Total Price

Item Number/Description	Quantity	Price	Total Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping Estimate

### SHIPPING OPTIONS

Ship Via: \_\_\_\_\_

Date Needed: \_\_\_\_\_

\*Domestic Customers: Default shipping will be via UPS Ground. It will be prepaid and added to the invoice.

\*International Customers: The shipping method will be determined by items ordered/commodity and the destination.

### SPECIAL INSTRUCTIONS/COMMENTS

\_\_\_\_\_  
\_\_\_\_\_