

**Company Name Ltd.**  
123 Business Avenue, Suite 100  
City, State ZIP  
Email: sales@company.com  
Phone: (123) 456-7890

# Sales Quotation

Quotation #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Valid Until: \_\_\_\_\_

## Client Details

**Client Company Inc.**  
Attn: [Contact Person]  
987 Client Street, Building B  
City, State ZIP  
Email: contact@client.com  
Phone: (987) 654-3210

## Quotation Details

#	Product / Service Description	Quantity	Unit Price	Total
1	[Product/Service Name & Specification]	___	\$___	\$___
2	[Product/Service Name & Specification]	___	\$___	\$___
Subtotal				\$___
Tax (___%)				\$___
Total Amount				\$___

## Terms & Conditions

- Payment Terms: [e.g., Net 30 days]
- Delivery Timeline: [e.g., Within 4 weeks upon order confirmation]
- Shipping Terms: [e.g., FOB Origin]
- Warranty: [e.g., 12 months from delivery]
- Other Notes: [Custom agreements, inclusions, or exclusions]

### Authorized Signature

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

### Client Confirmation

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_