

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: _____