

REQUEST FOR QUOTATION



TO: _____
COMPANY NAME

ATTENTION: _____

COMPANY FAX NUMBER: _____

DATE QUOTE NEEDED BY: _____

ITEM	QUANTITY	UNIT	DESCRIPTION	DELIVERY TIME ARO	UNIT COST INCL SHIPPING	EXTENSION

QUOTATION VALID FOR _____ DAYS

Freight Terms: FOB Destination

Subtotal	
Applicable Tax	
Shipping	INCLUDED
TOTAL	

The Successful Vendor may be required to provide a certificate of insurance naming MCCD as an Additional insured

SIGNATURE OF COMPANY REP: _____ **DATE:** _____

DELIVERY SITE: _____

ADDRESS: _____

ATTENTION: _____

PHONE: _____ **FAX QUOTATION TO:** _____