



SALES INFORMATION

Sales Representative Name _____

Date _____

Estimate _____

01. Customer Information

Name _____ Contact _____ Phone _____ E-mail _____
 Address _____ City _____ State _____ Zip Code _____

02. Product Information

Product	Qty	Un	Rate U\$	Amount U\$	Custom	Custom Information
1 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
12 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

03. Payment Terms

Credit Card Wire Transfer Check NET Terms _____ Observation _____

04. Delivery

CIF FOB Date _____
 Location _____

 Instructions _____

05. Special Instructions

