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| --- | --- | --- | --- | --- | --- | --- |
| quotE Date: October 16, 2014  Invoice # [100]  Expiration Date: [Date] | | | | Logo placeholder | | |
|  | | | | | | |
| [Your Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Fax [000-000-0000]  [E-mail address] | | To | [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Customer ID [ABC12345] | | | |
|  | | | | | | |
| Salesperson | Job | | | | Payment terms | Due date |
| Angela Thomsen | Daughtsperson | | | | 1 Month after Invoice | 16 Novemeber |
|  | | | | | | |
| qty | description | | | | unit price | line total |
| Initial Consultation | Meeting at Client’s House – 2 hours | | | | No Charge |  |
| Initial Drawings | 5 hours | | | | 90.00 | 450.00 |
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|  | | | | | Subtotal | 450.00 |
| Sales Tax | GST %15 |
| Total | 527.50 |
| Quotation prepared by: Angela Thomsen  This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)  To accept this quotation, sign here and return: | | | | | |  |
| Thank you for your business! | | | | | | |