

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 |
|------|----------|------|-------------|----------------------|----------------------------|-----------|
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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:** _____