REQUEST FOR SEALED QUOTES FORM

DATE: Month 00, 20XX

COMPANY NAME:		**REQUEST FOR: 201X-XXX-XX-XX-INT**	
ADDRESS:		QUOTATION	
CITY/STATE/ZIP:		INQUIRY ONLY	
PHONE/ FAX NO.:		THIS IS NOT AN ORDER	
REPRESENTATIVE:		SUMMARY OF QUOTATION	

FROM: Name, Title

ADDRESS: 2802 S. Bus. Hwy 281

Edinburg, Texas 78539

PHONE Phone: (956)- 318-2626 ext _____

FAX Fax: (956)- 292-7612

Contact Person: Name

QUOTE GOOD FOR _____DAYS

TERMS from date_____ to date _____

QUOTATIONS MUST BE RECEIVED BY: TIME on Month 00, 20XX & In person

PLEASE QUOTE UNIT PRICE, SHIPPING POINT, F.O.B., DELIVERY SCHEDULE AND TERMS ON:

QUANTITY	ITEM	DESCRIPTION AND DELIVERY REQUIRED	UNIT PRICE	TOTAL AMOUNT
		Refer to Exhibit B for pricing however this form must be completed where applicable and attached with your quote (Exhibit "B" Quote Page)		
		AUTHORIZED SIGNATURES_____		

SPECIAL NOTICE TO VENDORS:

1. IF UNABLE TO QUOTE, PLEASE ADVISE AT ONCE AND RETURN NO BID.
2. SHOW ABOVE QUOTE NUMBER ON ALL PROJECT CORRESPONDENCE.
3. ITEMIZE ALL UNIT PRICES AND DISCOUNTS SEPARATELY.
4. ATTACH COMPLETE SPECIFICATIONS FOR ANY SUBSTITUTIONS OFFERED.
5. WE RESERVE THE RIGHT TO ACCEPT OR PROTEST YOUR QUOTATION.
6. ALL QUOTATIONS SUBJECT TO ACCEPTANCE ON OUR USUAL PURCHASE ORDER FORMS.
7. QUOTES MUST NOT EXCEED LIMIT OF $50,000.00

PLEASE FILL IN ALL THE HIGHLIGHTED AREAS AND SEND IN WITH EXHIBIT "B"

Any ALTERALTIONS on this page shall be considered a probable cause for disqualification.