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|  | | | [Your company slogan] | | | Medical Sales Quote | | | | | | | | |
| Date: [Enter a date]  Invoice # [100]  Expiration Date: [Enter a date] | | | | | | | | | | | | | | |
| To | | | | | | | | | | | [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Customer ID [ABC123] | | | |
| Salesperson | | Job | | | Shipping Method | | Shipping Terms | | Delivery Date | | | Payment Terms | | Due Date |
|  | |  | | |  | |  | |  | | | Due on receipt | |  |
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| Qty | Item # | | | Description | | | | Unit Price | | Discount | | | Line Total | |
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| Total Discount | | | | | | | | | |  | | |  | |
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| Sales Tax | | | | | | | | | | | | |  | |
| Total | | | | | | | | | | | | |  | |
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| Quotation prepared by:  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!  [Your Company Name] [Street Address],[City, ST ZIP Code] Phone [000-000-0000] Fax [000-000-0000] [e-mail] | | | | | | | | | | | | | | |