FLORIDA PREFAB, INC.

QUOTE REQUEST FORM

COMPONENTS

BILL TO:

SHIP TO:
FOB: OUR SHOP

DATE: _____

PHONE #: _____

PURCHASE ORDER #	SHIP VIA	CUSTOMER # :	SALES REP
	CUSTOMER PICK-UP		

QTY	DESCRIPTION	UNIT PRICE	TOTAL

MATERIALS	
LESS: DISCOUNT	
SUB-TOTAL	
SALES TAXES	
TOTAL QUOTE	