

Quote Request

Name: _____ Date: _____ Purchase Order: _____
 Company: _____ Email: _____
 Street: _____ Phone Number: _____ Fax Number: _____
 City: _____ Zip Code: _____

Bill to (Check here __ if same as above.) Name: _____
 Street: _____ Email: _____
 City: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

Ship to (Same as top address __ Bill to __ above.) Name: _____
 Street: _____ Email: _____
 City: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

| Item Code | Description | Size/Color | Line Price | Qty | Line Total |
|-----------|-------------|------------|------------|-----|------------|
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See attached Worksheet for order details.

By signing below, I am certifying that I am an authorized purchasing agent for the above named company.

Authorized Signature: _____

| |
|----------------|
| Subtotal |
| Sales Tax 8.6% |
| Freight |
| Total |

**Please sign completed Quote Request
and email to sales@aci.az.gov**

