



- Request for Quote**
- Quote**
- Order Form**

820 Nipissing Road, Unit 1, Milton, Ontario, CANADA, L9T 4Z9

PH: Toll Free 888-876-3114 or 905-876-3114 Fax: 905-876-0657

COMPANY: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

QUOTE NUMBER: \_\_\_\_\_  
 DATE OF REQUEST: \_\_\_\_\_  
 Price Valid until: \_\_\_\_\_  
 Lead time: \_\_\_\_\_  
 Delivery by: \_\_\_\_\_  
 F.O.B. Point: \_\_\_\_\_  
 Method of Payment: \_\_\_\_\_

Item	Part #	Description	Colour	Qty	Unit Price	Amount
1						\$ .

NOTES:  Billing Address as above <input type="checkbox"/> or: _____  Delivery Address as above <input type="checkbox"/> or: _____	Sub-Total	\$ .
	PST (8%)	\$ .
	GST (7%)	\$ .
	Freight	\$ Extra
	TOTAL ESTIMATE	\$ .

**Terms and Conditions:**

No returns or exchanges without authorization.  
 Returned items may incur a restocking fee.  
 Related shipping costs may be at the customer's expense.  
 Cancellation of submitted orders may incur a penalty.  
 Prices quoted are for quantities indicated.  
 Terms: Net 15 days, major orders subject to credit approval  
 DSA Furnishing reserves the right to change quoted prices without notice.

Estimate authorized by: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

To accept this quotation and authorize your purchase, please sign below and return this order by fax.

Name: _____	Signature: _____
Position: _____	
Date: _____	
Purchase Order #: _____	Signatory authorized to purchase on behalf of company.

Thank you for your business!