|  |  |
| --- | --- |
| Prepared by: **<<user\_name>>**Phone: **<<user\_phone>>**Email: **<<user\_email>>** | Created Date: **<<column\_firstrow:Date>>**Expiration Date: **<<column\_firstrow:Expiration date>>**Quotation #: **<<column\_firstrow:Quotation #>>** |
|  |  |
| Customer: **<<column\_firstrow:Item>>**<<column\_firstrow:Customer Address>> | Contact Name: **<<column\_firstrow:Contact Name>>**Phone: **<<column\_firstrow:Contact Phone>>**Email: **<<column\_firstrow:Contact Email>>** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| <<subitems\_header>> | Any text... | ... anything... |  |  |  | ... anything... |
| <<subitems\_body>> | Sample text... | ... another sample... |  |  |  | ... and another... |
| **Gross Amount** | **$<<column\_firstrow:Gross Amount>>** |
| **Total Discount** | **$<<column\_firstrow:Total Discount>>** |
| **Total Tax** | **$<<column\_firstrow:Total Tax>>** |
| **Grand Total** | **$<<column\_firstrow:Grand Total>>** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TERMS & CONDITIONS** |  |  |  |  |  |
| Upon signature by Customer, this Order Form shall become legally binding, unless (1) the signatory below does not have the authority to bind Customer to this Order Form, (2) changes have been made to this Order Form (other than completion of the signature block), or (3) the signature is incomplete or does not match the rest of the Order Form.Payment is to be made via check or wire transfer as detailed in the corresponding invoices. Invoices are payable within the number days as specified under Payment Terms.Actual, reasonable out-of-pocket expenses, if any, are not included in the fees and will be invoiced separately provided they are approved by the customer in advance. Out-of-pocket expenses include transportation, accommodation, and sustenance while travelling; and international telephone calls and courier. |

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| **CUSTOMER ACCEPTANCE** |  |  |
|  |  |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |