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|  Fixed Price Service Quote |
| Date Received: | (Date) |  |
| This quote has been especially prepared for the following customer according to his/her requirements. |
|  |
| Quote Number: | (00232) | Department: | (Graphic Design) |
|  |
| Data Filled: | (Choose a Date) |
| Customer’s Name: | (Customer Name) |
| Position/ Title: | (CEO) |
| Name of the Company: | (Company Name) |
| Contact Number: | (Contact Number) |
| Address: | (Address) |
| Email: | (Email) |
|  |
| Date: | (Choose a Date) |
| Reviewed By: | (Name) |
| Signature: | (Sign Here) |  |
|  |
| Date: | (Choose a Date) |
| Reviewed By: | (Name) |
| Signature: | (Sign Here) |  |
|  |  |  |