

REQUEST FOR QUOTE



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Date: _____

Initial: _____

PO# or Deposit: _____

Company/Customer Name: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Shipping Address: _____
(If Different)

Phone 1: _____ Phone 2: _____

TRUCK INFORMATION

Make: _____ Model: _____ Year: _____

Single Dually Color: _____

Cab to Axle: _____ Cab Design: _____ Lead Time: _____

ITEM	DESCRIPTION	COST
Towbody		
Custom Color		
Hitch		
Tool Box		
Auxiliary Fuel Tank		
Tiara		
Tiara W/Lights		
Installation		
Misc. Charges		
Ext. Costs	Total	
Notes:	Misc. Charges	
	Freight/Delivery	
	Discount	
	TOTAL	