

TERRY TOWN

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QUOTATION REQUEST FORM

DATE: _____

Contact: _____

Company: _____ Account # _____

Telephone # _____ Fax # _____

E-mail: _____ ASI # _____

PRODUCT DETAILS

Style number: _____

Item description _____

Size: _____

Weight: _____

Color: _____

EMBELLISHMENT

Embroidery

Number of stitches: _____

Size of embroidery: _____

Embroidery location: _____

Screen print

Number of colors: _____

Pantone numbers for reference: _____

Size of imprint requested: _____

Imprint location: _____ Landscape [] or Portrait []

Hook & grommet None [] Tri-fold [] Corner []

QUANTITY and SHIPMENT

Qty A _____ Qty B _____ Qty C _____ Qty E _____

Target ship date (FOB Chula Vista, CA) _____

Ship Destination zip code: _____

Price Quote (FOB Chula Vista, CA): Qty _____ Qty _____ Qty _____ Qty _____

Setup Charge _____

Estimated ship date (FOB Chula Vista, CA): _____

Freight estimate (from Chula Vista, CA to destination zip code): _____

Salesperson: _____ Approved By _____ Quote date: _____