QUOTATION FORM

Employee – take to shop

Shop – If you wish to provide a quotation, complete, copy for your records and supply a copy to employee

DATE.....

VALID FOR 30 / 60 / 90 DAYS

THE BIKE SHOP.....

First Line of Address.....

Postcode.....

Salesperson.....

Phone Number.....

Email Address.....

EMPLOYEE NAME.....

Address.....

Employer Name.....

Work Address.....

BIKE

Make.....Model.....

Price.....

SAFETY EQUIPMENT

FIXED (lights, bells etc)

Brief Description.....

Price.....

WORN (helmet, reflective clothing etc)

Brief Description.....

Price.....

TOTALS

Total Price for all of above.....

Salesperson Signature.....