REQUEST FOR QUOTATION - GROW GOURMET PLANTS FOR RETAIL

CARTHER PLANTS LTD.
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FOR OFFICE USE ONLY	ESTIMATE NUMBER:	ESTIMATE DATE:
DATE DEPOSIT RECEIVED:	Amount:	Ref #:

Company Name		
Billing Address	Address	Contact Person
	City	Office Phone #
	Province / State — Postal Code	Cell Phone #
Shipping Address	Address	Fax #
	City	Email
	Province / State — Postal Code	Website

CROP	VARIETY	SHIP DATE ________		SHIP DATE ________		SHIP DATE ________		PICK UP AT FARM	SHIPMENT REQUIRED
		POT / FLAT SIZE	# POTS /FLATS	POT / FLAT SIZE	# POTS /FLATS	POT / FLAT SIZE	# POTS /FLATS	(PLEASE CHECK ONE)	