Robert-James Sales Inc.

Request For Quotation

ATTN: _____

Job: _____ Date: _____

Bid: _____ Quote Due By: _____

Bill To: _____ Ship To: _____

_____ _____

_____ _____

_____ _____

Date Wanted:_____ Contact:_____ Phone:_____ Fax:_____

Quantity	UM	Description	Unit Price	Total

Terms:_____% 10 Days Net FOB:_____ Del:_____