



# REQUEST FOR QUOTE FORM

UPDATED October 2015

**Please email this completed form to [sales@dwgdistribution.com](mailto:sales@dwgdistribution.com)**

Order Date: \_\_\_\_\_ Order Name: \_\_\_\_\_ Target Delivery Date: \_\_\_\_\_

### Billing Information

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

### Shipping Information

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

- Existing DWG Account Number: \_\_\_\_\_  
 New Account (I will submit or have included new account forms)

Item	Description	Quantity	Unit Price	Amount

### Payment

- Credit Card       Net 30 Days (Official Purchase Order Included)  
 Bank Wire Transfer       Other (See Notes)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CSC Code: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Notes:

<b>Sub-total</b>	
<b>Grand Total</b>	

### Internal Use Only

<b>Order Completed:</b>	
<b>Ship Date:</b>	