

UPEX Santa Fe QUOTE

Date: _____ Customer: _____ Phone: _____ Contact: _____	Residential _____ Business _____ Glass _____ No Glass _____
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Content Description: _____

Estimated Weight: _____

Shipping Address: _____

Dimensions (L x W x H): 1. _____ 2. _____	Insured Value (\$): _____ _____
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Packaging

Crate: \$ _____ Custom Box: \$ _____ Material: \$ _____	Remarks: _____ _____ _____
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Shipping/Freight Carriers

	1	2
\$:		
Quote #:		
Name:		

of Pieces: _____ Total Weight: _____

 L x W x H

1. _____

2. _____