REQUEST FOR QUOTATION

EmCal Scientific, Inc.

P.O. Box 27105 **San Diego, CA 92198**
800-872-2397 **Fax: 858-486-1346**

BILL TO:_____

ADDRESS:_____

CITY:_____

STATE:_____ **ZIP CODE:**_____

TELEPHONE NO: ( )_____

SHIP TO:_____

ADDRESS:_____

CITY:_____

STATE:_____ **ZIP CODE:**_____

CONTACT NAME:_____

TITLE:_____

TELEPHONE NO: ( )_____

FAX NO: ( )_____

E-MAIL:_____

WHERE DID YOU HEAR ABOUT US?

_____

QUANTITY	CATALOG NUMBER	DESCRIPTION	UNIT PRICE	EXT. PRICE

Cost of items ordered ($25.00 minimum personal order)

CA sales tax will be added where applicable

Items ordered may only be returned with prior authorization
And require a 20% restocking charge. Any special order items
Cannot be returned.

Sub-total_____

Sales tax where applicable_____

Shipping Charges_____

TOTAL QUOTE_____