



**DISTRIBUTION QUOTE FORM**

**DATE:** \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**DISTRIBUTION ITEM**

SIZE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

NO. OF PAGES: \_\_\_\_\_

SAMPLE AVAILABLE: YES  NO

**DISTRIBUTION AREA**

	<u>AREA</u>	<u>QUANTITY</u>
METROPOLITAN CITY:	_____	_____
TOWN:	_____	_____
RURAL DELIVERY:	_____	_____
P.O BOX DELIVERY:	_____	_____
DELIVERY DATE REQUIRED:	_____	_____