



# CUSTOMER ORDER FORM WITH QUOTE



**Contra Costa County - Office of the Sheriff - WCDF Engraving/Sign Shop**

5555 Giant Highway, Richmond, CA. 94806

**Phone:** 510-262-4268 **Fax:** 510-374-7167

**Email:** Cocosigns@so.cccounty.us

Customer Name: \_\_\_\_\_

Business & Dept.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Person Name: \_\_\_\_\_

Payment Type (circle one): Check or Money Order

Shipping Method (circle one):

UPS, Interoffice, Pick-up, Other: \_\_\_\_\_

Order Picked Up By (Name): \_\_\_\_\_

Work Order # (office use only): \_\_\_\_\_

Org #/ Sub Object # (office use only): \_\_\_\_\_

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT PRICE	TOTAL PRICE

**SPECIAL NOTES:**

**TOTAL DISCOUNT** \$

**QUOTATION PREPARED BY (office use only):** \_\_\_\_\_

**SUBTOTAL** \$

**QUOTATION BASED UPON THE FOLLOWING CONDITIONS (ATTACHMENT/TERMS):**

**SHIPPING** \$

**SALES TAX** \$

**Note:** Prices are valid for 90 days. To accept this quotation, sign/date here and return. No cash or credit cards accepted. Make checks payable to: Office of the Sheriff - IWF. Please include all attachments needed for this order.

**TOTAL AMOUNT DUE** \$

**PRINT:** \_\_\_\_\_

**SIGN:** \_\_\_\_\_

**ORDER DATE:** \_\_\_\_\_ **DATE NEEDED BY:** \_\_\_\_\_

*Thank you for your Business!*

**FILE PATH:** \_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_ **COMPLETION DATE:** \_\_\_\_\_