

# REQUEST FOR A PROFORMA INVOICE/QUOTATION

(Document RPIQ, Mar 04) - Please fill as applicable

## CUSTOMER

Company name:	
Contact name:	Tel/Fax/e-mail:
Address:	
City:	Country:
Postal code/Zip:	VAT no. (EU only):

## DELIVERY/SHIPPING DETAILS

Company name:	
Contact name:	Tel/Fax/e-mail:
Address:	
City:	Country:
Postal code/Zip:	Date goods required:
Transporter/shipper:	Transport mode:

## REQUESTED GOODS

Item	Quantity	Product code	Description
1			
2			
3			
4			
5			

## OTHER INSTRUCTIONS

Cognito Quam Associate/Agent:
Any other instructions:

## AUTHORISING SIGNATURE - NAME - DATE

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## OFFICE USE ONLY

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