



## Procurement Quote Form

Date:

Quote Number:

Contact:

Company:

Address:

City State Zip:

Phone:

Email:

| QTY | MAUNUFACTURER | DESCRIPTION | PART NUMBER | LIST PRICE | UNIT COST | TOTAL COST |
|-----|---------------|-------------|-------------|------------|-----------|------------|
|-----|---------------|-------------|-------------|------------|-----------|------------|

---

Total Cost \$

Freight \$

CT Sales Tax \$

---

**Total Quote: \$**

*Fax quote requests to: 203-949-9901 or Email the PDF to [buzz@cstco.com](mailto:buzz@cstco.com)*