



Quotation Request Form

Date Request:	
Customer / Company:	
Address:	
Contact Person:	E-mail:
Tel:	Fax:

Quantity	Item #	Product Name (Description)	Packing Size (10/25 kg)	(By Novotech) F.O.B Unit Price / Kg
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Subtotal				\$
CA Seller's Permit No.: _____ (If no Seller's permit; it is subject to sales tax 8.25%)				\$
Sales Tax				\$
Handling Charge (If Applicable)				\$
Total Quote				\$

*This quotation is void after 15 days from the date of quotation.

To place order, please use the **Order Form**

Please fax this form to 805-654-0139; Novotech will respond within 24 to 48 hours.

Quote # _____ (by Novotech)

Novotech Nutraceuticals, Inc.

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Phone: (805)676-1098 Fax: (805)654-0139 www.novotechnutra.com