



GENERAL MARINE REFRIGERATION CORP.

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REQUEST FOR QUOTATION

Company: _____

Contact: _____

Phone No.: _____

Date: _____

Fax No.: _____

*If tax exempt please include Tax Exemption Certificate.

Billing Address:	Shipping Address:
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<i>Line</i>	<i>P/N & Description</i>	<i>Qty. Req</i>	<i>Unit Price</i>	<i>Delivery</i>	<i>Total</i>

Additional Instructions:	Quote Total:
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FOR GMR USE ONLY		<i>Quote No.: GMR –</i>
Ship Via: _____	FOB: _____	
Payment Terms: _____	Valid for: _____	
Quoted by: _____	Date: _____	