Quote Request Form
Send by
Mail: Address on left
FAX: 800.503.6123
E-mail: info@tallys.com

Tally's Church Supplies

1150 Pontiac Avenue
PO Box 8630
Cranston, RI 02920-0630

INSTRUCTIONS:

Complete all appliciable information. DO NOT fill in any shaded cell. When complete, save file by new name. Send copy to us by mail, fax or e-mail. Print copy for your records

Order # (OFFICE USE):	

Date:

Buyer Information

Purchase Order #:	
Buyer Name:	
Institution:	
Street Address:	
PO Box:	
City/State/Zip Code:	
Telephone:	
Fax:	
E-mail:	

Ship-To Information

We ship via UPS unless addresss is APO/FPO

Attention	
Institution:	
Street:	
Building/Suite:	
City/State/Zip Code:	
Special Instructions:	

Payment Information

Payment Type [Choose One]:		**Check - Credit Card - Invoice**
Account#:		**Established Accounts ONLY; to open Account, please contact us 401.331.4467**
Credit Card Number:		**If e-mailing file, DO NOT enter Credit Card info. We will contact you by phone/fax.**
Expiration Date (MM/YY):		
CVV2 (on back of card):		
Card Holder Name:		**As it appears on Credit Card.**

OFFICE USE	QTY	UOM	ITEM#	ITEM DESCRIPTION	PAGE	PRICE	Comments (i.e. Need by Date, etc.)	TOTAL
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -
						$ -		$ -

NOTES: QTY Quantity
UOM Unit of measure i.e. EA, PKG, BOX, CAS, etc.

Subtotal	$ -
Tax [if applicable] (OFFICE USE)	
Shipping (OFFICE USE):	
TOTAL(OFFICE USE)	$ -

Completed ___/___/___