



FULTON COUNTY CENTER FOR REGIONAL GROWTH

COMPETITIVE QUOTATION FORM

Date: _____

1. **VENDOR:** _____ Phone: _____
Address: _____ Fax: _____

2. **REQUEST FOR QUOTATION** (to be completed by CRG)
GOODS/SERVICES NEEDED:

Delivery Needed By: _____

Insurance Required? Y N (circle)

- The quotation should include charges, if any, for delivery.
- CRG encourages changes or suggestions offering cost savings.
- CRG reserves the right to reject all quotations, waive minor deviations, or consider alternative quotations, subject to the same terms and conditions, or negotiate with Vendors as to price, specifications, or terms.
- If your Goods or Services deviate from the description herein, please note such deviation.
- Please submit any additional information that is pertinent to your quotations.

3. **QUOTATION:** (to be completed by Vendor)

CRG is requesting your competitive quotation of the Goods or Services described above, Please complete this quotation, sign and return, no later than 4:30 p.m. on _____, **Unsigned quotations will not be considered.**

I, _____, am an employee of _____, and am duly authorized to submit this quotation.

Signature of above Employee _____ Date _____