

PROPOSAL

Date:	Proposal #:				
Client / Business Name:					
Address:	City:		State:		Zip:
Phone: ()	Email:				
Sales Representative:					
Recommended Product(s) Description	QTY		Retail	Price
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
Subtotal			\$		
Installation			\$		
Shipping			\$		
Sales Tax (if tax exempt, submit Exemption Certificate)					
		Total	\$		
	oposal with UltraWater Solutions is inc ed approval, she will contact you rega		-	_	
Contact Name:		_ Date	;:		
Signature:					