

## Business Name

Address Line 1

Address Line 2

Address Line 3

Email:

Mobile:

Telephone:

Fax:

Website:

Tax label:

Tax No

# ESTIMATE

### Bill To:

Client name

contact name(optional)

Address Line 1

Address Line 2

Address Line 3

[contact](#)

Email

Mobile

Telephone

EST NO :

EST-001

Date :

DD,MMM,YY

PO NO :

PO NO

Ship Date	Ship Amt	Ship Via	Track	Fob
DD,MM,YY	₹ 0.00	Eg.truck	Eg. #12345	FOB

Sl.	Description	Qty	Rate	Amount
1	Item 1	1	₹ 0.00	₹ 0.00
2	Item 2	1	₹ 0.00	₹ 0.00
3	Item 3	1	₹ 0.00	₹ 0.00

### Payment Instructions

Pay Cheque to

Cheque To (Business Name/  
person)

Send to bank

Bank Details [AccNO,ifsc,swift]

Via Paypal

Paypal email :

Via Wallet

Wallet

Additional Details

Additional Details

Subtotal

0.00

Discount(0%)

0.00

Tax(0%)

0.00

Total

0.00

Paid

0.00

Balance Due

0.00

**Terms**

Terms

**Notes**

Notes

Signature

**Authorized Signatory**  
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