

SAVANNAH TRIMS, INC.

3567 91st Street North, Suite 4, Lake Park, FL 33403

Voice: 561-656-2556 FAX: 561-656-2599 Toll Free: 888-640-0850



QUOTATION

DATE: 4/6/2015

ATTN: Scott Sheppard
 Company:
 Billing Address:
 Shipping Address:
 85041

Phone: 480.239.5346
 Fax:
 Email: scott.sheppard@autodesk.com
 Credit Card: See Attached Credit Card Authorization - Fill out & Email when ordering
 Exp date: See Attached Credit Card Authorization
 FROM: **Menda Candelaria**
menda@savannahtrims.com

We are pleased to quote the following:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	75" x 75" (OCD) Curb Mounted Skylight Double Dome; Acrylic; Bronze/Clear Mill Finish Frame	\$1,379.00	\$1,379.00
OPTION 2			
54	75 " X 75" (OCD) Curb Mounted Skylight Double Dome; Acrylic; Bronze/Clear Mill Finish Frame	\$1,134.00	\$61,236.00
Note: Your color choices are all the same price			
If you would like to order please circle Approved and sign next to it.			
APPROVED / SIGNATURE:			
By signing you agree that the above description is correct to order.			
Please make any necessary changes and fill out all highlighted areas.			
OCD = Outer Curb Dimension			
Lead time is approximately 1-2 Weeks +/-			
Freight Included			
Does not include tax (if outside FL) or installation			
TOTAL			\$62,615.00

BASED ON STANDARD SIZES & SPEC'S - NOTE EXCEPTIONS TAKEN:

1. TERMS: PAYMENT DUE AT TIME OF ORDER - CHECK, CREDIT CARD, WIRE TRANSFER
2. INSTALLATION, ACCESSORIES, UNLOADING, PROTECTION, CLEANING - BY OTHERS
3. QUOTE BASED ON INFORMATION SUPPLIED BY CUSTOMER. PLANS & SPECS NOT REVIEWED.

Unloading and installation are the sole responsibility of the buyer. Price quotations are based on information supplied by the customer and are conditioned upon approval by an officer of Savannah Trims within ten (10) days after customer's acceptance. Prices subject to change upon review of specifications. Prices valid for 30 days.

Savannah Trims, Inc.

Purveyor of Architectural Specialties - Since 1985

3567 91st STREET NORTH SUITE # 4 • LAKE PARK, FLORIDA 33403 • PHONE: 561.656.2556 • FAX: 561.656.2599

CREDIT CARD AUTHORIZATION FORM

I, _____ authorize that my _____ credit card with
(Card Holder Name as it appears on card)

Account number _____, Exp. Date ____/____, and CVS Code ____
(Credit Card Number)

will be charged for items purchased from Savannah Trims, Inc. in the amount of \$_____.

The charges are incurred by _____
(Company Name)

Card Member Phone Number: _____

Card Member Billing Address: _____
(As it appears on statement)

Authorized Signature: _____

Date: _____